

Документ подписан простой электронной подписью

Информация о владельце:

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Должность: и.о. декана медико-биологического факультета

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MINISTRY OF SCIENCE AND HIGHER EDUCATION

RUSSIAN FEDERATION

Federal State Autonomous Educational Institution of Higher Education

NORTH-CAUCASUS FEDERAL UNIVERSITY

APPROVED

Assoc. Prof. Kubanov S.I.

PhD in Medical Sciences

Dean

Faculty of Medicine and Biology

ASSESSMENT TOOLS FUND FOR THE DISCIPLINE

«Dentistry and Oral and Maxillofacial Surgery»

- Specialty: 31.05.01 General Medicine
- Mode of training: Full-time
- Year of commencement of studies: 2026
- Delivered in Semester, 8

Introduction

1. Intended for carrying out current control of academic performance progress and intermediate attestation in the discipline of «Dentistry and Oral and Maxillofacial Surgery» for students of the specialty (majoring in) 31.05.01 General Medicine.
2. The ATF is an appendix to the program of the discipline «Dentistry and Oral and Maxillofacial Surgery»
3. Developer(s): A.A. Ivchenko Acting Head Department of Therapeutic, Surgical and Orthopedic Dentistry
4. Expert examination of the ATF has been completed.

Expert group:

Chairperson: Kubanov S. I., Associate Professor of the Department of Surgery, Orthopedics and Traumatology.

Committee members:

Ivchenko G.S., Acting Head Department of Propedeutics of Internal Diseases

Employer organization representative: Vilensky I.L., Chief Physician of Independent CDL, LLC

Expert conclusion – the ATF allows evaluating the level of competency levels and is recommended to be employed in the educational process.

The validity period for the ATF shall be determined by the period of implementation of the educational program.

1. Description of Evaluation Criteria at Various Stages of Their Formation, Description of Evaluation Scales

Levels of formation of competence(s), indicator(s)	Descriptors			
	Minimum level not achieved (Unsatisfactory) 2 points	Minimum level (Satisfactory) 3 points	Intermediate level (Good) 4 points	High level (Excellent) 5 points
Competency: PC-1				
Learning outcomes for the discipline (module): Readiness to act in non-standard situations, to choose methods of protection in emergency situations. Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-1 PC-1 Is capable of conducting therapeutic measures when rendering emergency medical care in conditions requiring urgent medical intervention	Not capable of delivering therapeutic measures	Capable of delivering therapeutic measures	Capable of delivering therapeutic measures when offering emergency medical care	Capable of delivering therapeutic measures when offering emergency medical care in conditions requiring urgent medical intervention
Learning outcomes for the discipline (module): Readiness to act in non-standard situations, to choose methods of protection in emergency situations. Acquisition of	Does not know how to identify conditions	Knows how to identify conditions	Knows how to identify conditions requiring medical care	Knows how to identify conditions requiring medical care in an emergency form, including clinical signs of sudden failure of blood circulation and respiration

special medical skills and their application in practical healthcare. Indicator: ID-2 PC-1 Knows how to identify conditions requiring the provision of medical care in an emergency form, including clinical signs of sudden cessation of blood circulation and respiration				
Learning outcomes for the discipline (module): Readiness to act in non-standard situations, to choose methods of protection in emergency situations. Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-3 PC-1 Possesses skills for assessing the condition of a patient requiring the provision of medical care in an emergency form, skills for recognizing conditions that pose a threat to the patient's life, including states of clinical death	Does not possess skills for assessing the patient's condition requiring medical care in an emergency form	Possesses skills for assessing the patient's condition requiring medical care in an emergency form	Possesses skills for assessing the patient's condition requiring medical care in an emergency form, skills for recognizing conditions that pose a threat to the patient's life	Possesses skills for assessing the patient's condition requiring medical care in an emergency form, skills for recognizing conditions that pose a threat to the patient's life, including states of clinical death (failure of vital functions of the human body (blood circulation and/or respiration), requiring medical care in an emergency form

(cessation of vital functions of the human body (blood circulation and/or respiration), requiring the provision of medical care in an emergency form				
Competency: PC-3				
Learning outcomes for the discipline (module): Acquisition of special medical skills and their application in practical healthcare. Indicator: ID-1 PC-3 Is capable of building an algorithm and selecting criteria for determining the main pathological states, syndromes, and diseases in patients of various profiles in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)	Not capable of building an algorithm and selecting criteria for identifying various profiles in the patient	Capable of building an algorithm and selecting criteria for identifying various profiles in the patient	Capable of building an algorithm and selecting criteria for identifying the patient's various profiles of main pathological conditions, syndromes, diseases	Capable of building an algorithm and selecting criteria for identifying the patient's various profiles of main pathological conditions, syndromes, diseases following the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)
Learning outcomes for the discipline (module): Acquisition of special medical skills and their	Does not identify main pathological symptoms	Identifies main pathological symptoms	Identifies main pathological symptoms and syndromes, defines a clinical diagnosis	Identifies main pathological symptoms and syndromes, defines a clinical diagnosis subject to ICD-10

application in practical healthcare. Indicator: ID-2 PC-3 Identifies main pathological symptoms and syndromes, formulates a clinical diagnosis in accordance with ICD-10				
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The evaluation of the competency formation level in the discipline is carried out on the basis of the Regulations on conducting current control of academic progress and intermediate attestation of students in higher education educational programs – Bachelor’s programs, Specialist’s programs, Master’s programs – at the Federal State Autonomous Educational Institution of Higher Education NORTH-CAUCASUS FEDERAL UNIVERSITY in its current edition.

**ASSESSMENT TOOLS FOR CHECKING THE LEVEL OF COMPETENCY
DEVELOPMENT**

Task Number	Correct Answer	Content of the Question	Competency
		Semester, 8	
1.	a	The main type of pain relief used during tooth extraction surgery is: a. local anesthesia b. general anesthesia (general anesthetic) c. combined anesthesia d. neuroleptanalgesia e. acupuncture	PC-1
2.	d	The maxillary nerve exits the cranial cavity through: a. carotid foramen b. foramen ovale c. foramen spinosum d. foramen rotundum e. foramen caecum	PC-1
3.	c	The mandibular nerve exits the cranial cavity through the: a. carotid foramen b. foramen rotundum c. foramen ovale d. foramen spinosum e. foramen caecum	PC-1
4.	a	The immediate common complication of local anesthesia is: a. fainting (syncope) b. hematoma c. contracture d. bleeding e. periodontitis	PC-1
5.	d	The indication for tooth extraction is: a. acute pulpitis b. deep caries c. acute periodontitis d. chronic granulomatous periodontitis	PC-1
6.	d	Straight forceps are used to extract: a. molars b. premolars c. wisdom teeth d. maxillary incisors e. mandibular incisors	PC-1
7.	d	S-shaped forceps without spikes are used to remove: a. tooth roots b. mandibular molars c. maxillary molars d. maxillary premolars e. mandibular third molars	PC-1

8.	e	Forceps with a bayonet design are used to extract: a. mandibular incisors b. maxillary molars c. mandibular premolars d. mandibular third molars e. maxillary roots and premolars	PC-1
9.	d	On the mandible, elevators are used at an angle to remove: a. canines b. incisors c. premolars d. tooth roots e. molars	PC-1
10.	e	Complications arising during tooth extraction surgery: a. maxillary sinusitis; b. periostitis; c. alveolitis; d. osteomyelitis; e. fracture of the crown or root of the tooth being extracted.	PC-1
11.	b	Complications arising immediately after tooth extraction: a. parotitis b. bleeding c. trigeminal neuralgia d. temporomandibular joint arthritis e. temporomandibular joint ankylosis	PC-1
12.	e	Possible complication during the removal of the mandibular third molar: a. sinusitis b. periostitis c. alveolitis d. osteomyelitis e. mandibular fracture	PC-1
13.	e	General somatic complications during tooth extraction surgery include: a. anuria; b. sinusitis; c. alveolitis; d. osteomyelitis; e. hypertensive crisis.	PC-1
14.	e	Distant local complications that may arise after surgery: a. anuria; b. myositis; c. collapse; d. neuralgia; e. alveolitis.	PC-1

15.	direct crowns	Upper incisor extraction forceps или dental forceps for removing upper incisors	PC-1
16.	Direct root	Dental forceps for removing the roots of maxillary canines.	PC-1
17.	A focus of bone tissue destruction with well-defined margins, round in shape, up to 1 cm in diameter	The radiological picture of chronic granulomatous periodontitis is characterized by a well-defined radiolucent (dark) area at the apex of the tooth root	PC-1
18.	Temporal line	The superior and posterior boundary of the temporal region is...	PC-1
19.	Cell of the parapharyngeal space	Difficulty in swallowing appears with phlegmon	PC-1
20.	a	The main type of pain relief used during tooth extraction surgery is: a. local anesthesia b. general anesthesia (general anesthetic) c. combined anesthesia d. neuroleptanalgesia e. acupuncture	PC-3
21.	d	The maxillary nerve exits the cranial cavity through: a. carotid foramen b. foramen ovale c. foramen spinosum d. foramen rotundum e. foramen caecum	PC-3
22.	c	The mandibular nerve exits the cranial cavity through the: a. carotid foramen b. foramen rotundum c. foramen ovale d. foramen spinosum e. foramen caecum	PC-3
23.	a	The immediate common complication of local anesthesia is: a. fainting (syncope) b. hematoma c. contracture d. bleeding e. periodontitis	PC-3
24.	d	The indication for tooth extraction is: a. acute pulpitis b. deep caries c. acute periodontitis d. chronic granulomatous periodontitis	PC-3
25.	d	Straight forceps are used to extract: a. molars b. premolars c. wisdom teeth	PC-3

		d. maxillary incisors e. mandibular incisors	
26.	d	S-shaped forceps without spikes are used to remove: a. tooth roots b. mandibular molars c. maxillary molars d. maxillary premolars e. mandibular third molars	PC-3
27.	e	Forceps with a bayonet design are used to extract: a. mandibular incisors b. maxillary molars c. mandibular premolars d. mandibular third molars e. maxillary roots and premolars	PC-3
28.	d	On the mandible, elevators are used at an angle to remove: a. canines b. incisors c. premolars d. tooth roots e. molars	PC-3
29.	e	Complications arising during tooth extraction surgery: a. maxillary sinusitis; b. periostitis; c. alveolitis; d. osteomyelitis; e. fracture of the crown or root of the tooth being extracted.	PC-3
30.	b	Complications arising immediately after tooth extraction: a. parotitis b. bleeding c. trigeminal neuralgia d. temporomandibular joint arthritis e. temporomandibular joint ankylosis	PC-3
31.	e	Possible complication during the removal of the mandibular third molar: a. sinusitis b. periostitis c. alveolitis d. osteomyelitis e. mandibular fracture	PC-3
32.	e	General somatic complications during tooth extraction surgery include: a. anuria; b. sinusitis; c. alveolitis; d. osteomyelitis; e. hypertensive crisis.	PC-3

33.	e	Distant local complications that may arise after surgery: a. anuria; b. myositis; c. collapse; d. neuralgia; e. alveolitis.	PC-3
34.	direct crowns	Upper incisor extraction forceps	PC-3
35.	Direct root	Dental forceps for removing the roots of maxillary canines.	PC-3
36.	A focus of bone tissue destruction with well-defined margins, round in shape, up to 1 cm in diameter	The radiological picture of chronic granulomatous periodontitis is characterized by a well-defined radiolucent (dark) area at the apex of the tooth root	PC-3
37.	Temporal line	The superior and posterior boundary of the temporal region is...	PC-3
38.	Cell of the parapharyngeal space	Difficulty in swallowing appears with phlegmon	PC-3

2. Description of the Evaluation Scale

Within the framework of the rating system, students' academic progress in each discipline is evaluated during current control and intermediate attestation. The rating system for assessing students' knowledge is based on the use of a combination of control activities to check the covered material (checkpoints), optimally located throughout the entire time interval of studying the discipline. The principles of the rating system for assessing students' knowledge are based on the requirements described in the Regulations on the organization of the educational process based on the rating system for assessing students' knowledge at NCFU.

3. Criteria for Evaluating Competencies

The grade **Excellent** shall be awarded to a student if the theoretical content of the course has been mastered completely, without gaps; the material is presented exhaustively, consistently, clearly, and logically; the student freely copes with tasks, questions, and other types of knowledge application; uses additional material in the answer; all tasks provided for by the program are completed, and the quality of their execution is evaluated by a number of points close to the maximum; analyzes the obtained results; demonstrates independence when performing tasks.

The grade **Good** is to be awarded to a student if the theoretical content of the course is mastered completely, the necessary practical competencies are mainly formed, all educational tasks provided for by the training program are completed, and the quality of their execution is sufficiently high. The student firmly knows the material, presents it competently and strictly on the merits of the matter, without allowing significant inaccuracies in answering the question.

The grade **Satisfactory** is awarded to a student in case the theoretical content of the course has been mastered in part only, but the gaps are not of a significant nature, most of the tasks provided for by the program are completed, but contain errors, the student allows inaccuracies and insufficiently correct wording when answering the question, and violations of logical sequence are observed in the presentation of the program material.

The grade **Unsatisfactory** is awarded to a student if they do not know a significant part of the program material, allow significant errors, perform practical works with great difficulty and uncertainty, the necessary practical competencies are not formed, most of the educational tasks provided for by the training program are not completed, and the quality of their execution is evaluated by a number of points close to the minimum.