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Federal State Budget Educational Institution
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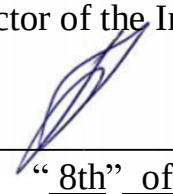
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Director of the Institute of Dentistry



_____ / Pervov Yu.Yu./
“ 8th” of June 2026

COLLECTION OF ASSESSMENT TOOLS
B3.C.01(S) Preparation for State Final Examination of the basic educational program of Higher Education

Specialty	**31.05.03 Dentistry for foreign students (English-language program)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing health care in patients with dental pathology)
Mode of study	**Full-time**
Period of mastering the BEP	**5 years** (nominal length of study)
Institute	of Dentistry

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.03 Dentistry for foreign students (English-language program), profile 02 "Healthcare" (in the field of providing health care in patients with dental pathology).

(BEP HE for the 31.05.03 Dentistry for foreign students (English-language program) specialty, section 3 Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	**State Final Examination**	**Tests**
		Checklists

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

1. Tests

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors

C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems
C	GPC-10	Able to organize the nursing and paramedical care
C	GPC-11	Able to implement the principles of quality management in professional environment
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style
F	A/06.7	Organizational and administrative activities
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. EOD in case of chronic pulpitis of permanent teeth *20-60 μA 2-6 μA 8-10 μA 10-20 μA 2. Surgical approach for drainage of pterygomaxillary space abscess is *incision of the mucous membrane made along the pterygomaxillary fold incision made parallel to the inner surface of the lower jaw at the level of the molars

incision from the skin side bordering the angle of the lower jaw
incision from the skin side in the submandibular region

3. Suborbital fracture causes the upper jaw to be displaced
*down and back
upward and forward
medially and forward
laterally and superiorly

4. Angular fracture causes the lower jaw to be displaced
*medially and forward
upward and forward
downwards and backwards
laterally and superiorly

5. Bilateral angular fracture causes the lower jaw to be displaced
*down and back
upward and forward
medially and forward
laterally and superiorly

6. The load symptom in case of fractures of the upper jaw is determined by applying pressure to
* pterygoid hamulus directed upwards
chin with teeth closed directed upwards
chin with half-open mouth directed upwards
cheekbones directed upwards

7. The load symptom in case of fractures of the lower jaw is determined by applying pressure to
*chin with half-open mouth directed upwards
chin with teeth closed directed upwards
cheekbones directed upwards
pterygoid hamulus directed upwards

8. The characteristics of facial burns include
*uneven damage to the skin of the face
significant autointoxication
wound process progression
rapid development of purulent-septic complications

9. Elongation and flattening of the midface is a sign of
*subbasal fracture of the maxilla
fracture of the lower jaw
suborbital fracture of the maxilla
fracture of the alveolar process of the maxilla

10. Inflammatory complications of jaw fractures include
*post-traumatic osteomyelitis
furunculosis
erysipelas
periostitis

11. A characteristic symptom of a unilateral fracture of the condylar process of the mandible is
*a change in the bite of the molars on the side opposite the fracture
nosebleed
rupture of the alveolar mucosa
change in the bite of the molars on the side of the fracture

12. A characteristic symptom of a bilateral fracture of the condylar process of the mandible is
*open bite
nosebleed
rupture of the alveolar mucosa
change in the bite of the molars on the side of the fracture

13. Bilateral fracture of the lower jaw in the canine region causes the fragment to be displaced
*downwards
upwards
medially
laterally

14. Late inflammatory complications of jaw fractures include
*traumatic osteomyelitis
furunculosis
erysipelas
periostitis

15. Late complication of fractures of the zygomatic bone, nasal bones, and zygomatic arch include
*secondary deformities of the facial skeleton
hyposalivation
telangiectasia
paresis of the branches of the facial nerve

16. A direct complication of injury of the maxillofacial region is
*bleeding
periodontitis
ARVI
loss of consciousness

17. A direct complication of injury of the maxillofacial region is
*shock
ARVI
periodontitis
loss of consciousness

18. A late complication of injury of the maxillofacial region is
*traumatic osteomyelitis
asphyxia
ARVI
loss of consciousness

19. A late complication of injury of the maxillofacial region is
*diplopia

ARVI
asphyxia
loss of consciousness

20. A late complication of injury of the maxillofacial region is
*salivary fistulas
asphyxia
ARVI
loss of consciousness

21. A late complication of injury of the maxillofacial region is
*ankylosis of the temporomandibular joint
asphyxia
ARVI
loss of consciousness

22. A late complication of injury of the maxillofacial region is
*scar contracture
asphyxia
ARVI
loss of consciousness

23. A late complication of injury of the maxillofacial region is
*false joint
asphyxia
ARVI
loss of consciousness

24. A late complication of injury to the maxillofacial region is
*traumatic maxillary sinusitis
asphyxia
ARVI
loss of consciousness

25. The main pathogenetic factor in the progression of fibrous dysplasia of the zygomatic bone is
*focal disturbance of bone formation
acute pulpitis
jaw fracture
cyst recurrence

26. Acute TMJ arthritis must be differentiated from
*acute otitis
acute maxillary sinusitis
parotid hyperhidrosis
fracture of the upper jaw

27. Acute TMJ arthritis must be differentiated from
*phlegmon of the parotid-masticatory region
acute maxillary sinusitis
parotid hyperhidrosis
fracture of the upper jaw

28. Acute TMJ arthritis should be differentiated from

		*contracture of the masticatory muscles osteomyelitis pulpitis fracture of the body of the jaw 29. Differential diagnosis of osteoarthritis should be carried out with *fibrous ankylosis acute sialoadenitis of the parotid salivary gland acute specific arthritis intra-articular fracture of the head of the mandible 30. Differential diagnosis of osteoarthritis should be carried out with *chronic arthritis complete anterior dislocation of the TMJ intra-articular fracture of the head of the mandible acute sialoadenitis of the parotid salivary gland 31. Type of asphyxia caused by obstruction of the airway by displaced damaged organs is called *dislocation asphyxia stenotic asphyxia obturation asphyxia aspiration asphyxia 32. Type of asphyxia caused by obstruction of the airway due to inhalation of liquid wound contents or vomit is called *aspiration asphyxia stenotic asphyxia obturation asphyxia dislocation asphyxia 33. Type of asphyxia caused by partial and periodic closure of the airways by damaged tissues with difficulty inhaling or exhaling is called *valve asphyxia stenotic asphyxia obturation asphyxia aspiration asphyxia 34. In case of a fracture of the zygomatic bone, paresthesia of the ala of the nose and upper lip occurs as a result of damage of *II branch of the trigeminal nerve I branch of the trigeminal nerve III branch of the trigeminal nerve facial nerve 35. Fracture of the zygomatic bone most often causes the eyeball to be displaced *downwards upwards forwards backwards 36. The clinical symptom of fibrous dysplasia of the zygomatic bone is the *deformations in the zygomatic bone area skin thickening

spastic pain
hyperemia of the skin

37. Unilateral lesion of the zygomatic bone is observed in patients with
*Goldenhar syndrome
tetralogy of Fallot
Pierre-Robin syndrome
congenital cranioclavicular dysostosis

38. The greatest changes in patients with Franceschetti syndrome occur in the
*zygomatic bone, zygomatic process, and lower jaw
zygomatic bone
zygomatic bone and maxilla
zygomatic bone and mandible

39. An increase in the volume of the zygomatic bone can be caused by
*sarcoma
traumatic injury
radicular cyst
capillary hemangioma

40. The main symptom of a nasal bone fracture is
*displacement of the nasal bones
subcutaneous emphysema
difficulty breathing through the nose
hematoma

41. The main cause of dislocations of the lower jaw is
*weakness of the joint capsule and ligamentous apparatus of the TMJ
TMJ arthritis
lower macrognathia
reduction in bite height

42. The main cause of dislocations of the lower jaw is
*decrease in the height of the articular tubercle
TMJ arthritis
lower macrognathia
reduction in bite height

43. The leading symptom of dislocation of the lower jaw is
*inability to close teeth
lacrimation
reduction in bite height
ear congestion

44. Characteristic symptoms of acute TMJ arthritis in the initial stage include
*pain, limited mouth opening
trismus of the masticatory muscles
parotid hyperhidrosis
pain in the cervical spine radiating to the TMJ

45. The leading symptom of TMJ arthritis is
*persistent limitation of mobility of the lower jaw
tinnitus

swallowing disorder
multiple caries

46. With the development of TMJ ankylosis in childhood, deformation of the lower jaw appears
*with the onset of intensive growth of facial bones
6 months after the onset of the disease
12 months after the onset of the disease
after the start of treatment

47. The leading symptom of contractures of the lower jaw is
*limited mouth opening
upper macrognathy
reduction of the bite height
shortening of the branches of the lower jaw

48. Joint sound is an early sign of
*arthrosis
arthritis
mastoiditis
dislocation

49. Chronic arthritis occurs is associated with
*cartilage fraying and necrosis
disc swelling
increase in synovial fluid
capsule stretching

50. One of the characteristic clinical manifestations of deforming osteoarthritis of the TMJ is
*difficulty opening the mouth, pain in the joint which intensifies with movements of the lower jaw
paresis of facial muscles
redness and swelling in the parotid-chewing area
inability to open the mouth

51. The main clinical manifestations of osteoarthritis of the TMJ include
*limited mouth opening, deviation, crackle in the joint
pain, swelling
complete lack of movement in the joint
facial deformation

52. The leading symptom of TMJ ankylosis is
*severe limitation of mobility of the lower jaw
swallowing disorder
multiple caries
pronounced pain symptom

53. The leading clinical symptom of bilateral bony ankylosis of the TMJ is
*complete absence of movement of the lower jaw
tinnitus
swallowing disorder
multiple caries

54. The appearance of a patient with bilateral bony ankylosis of the TMJ is characterized by
*"bird" face profile
lower macrognathia
upper micrognathia
upper retrognathia

55. Classic picture of venous thrombosis is
*blue flap
red flap
pink flap
black flap

56. Examination method used to assess the condition of the main vessels in the recipient and donor area is
*Doppler ultrasound
contrast angiography
orthopantomogram
scintiography

57. Examination method used to determine the condition of the main vessels in the lower leg area is
*angiography
magnetic nuclear tomography
scintigraphy
computed tomography

58. Additional examination methods for the diagnosis of maxillary fractures include
*radiography
biopsy
EOD
radioisotope

59. Blood supply to the revascularized transplant in the first 3-5 days after surgery is monitored using
* Doppler ultrasonography
computed tomography
angiography
sialography

60. Modeling of a revascularized transplant for deformation of the lower jaw is carried out according to
*stereolithographic model
panoramic radiograph
orthopantomogram
plain radiograph

61. Preoperative planning of fibular graft modeling is carried out according to
*computer tomography
orthopantomogram
panoramic radiograph
lateral radiograph of the lower jaw

62. An additional examination method for diagnosing zygomatic bone fractures is

*radiography
biopsy
EOD
radioisotope

63. Diagnosis of "intraosseous hemangioma of the zygomatic bone" is confirmed using
*computed tomography
cytological examination
radioisotope examination
biochemical examination

64. Deformation of the bone joint elements of the TMJ on an X-ray is a diagnostic sign of
*osteoarthritis
acute nonspecific arthritis
pain dysfunction syndrome
TMJ dislocation

65. In patients with osteoarthritis of the TMJ, radiological examination reveals
*deformation of the head of the condylar process
displacement of the articular head
widening of the joint space
absence of joint space

66. Bony ankylosis of the TMJ is characterized by _____ in the X-ray results
*solid bone conglomerate
discontinuous joint space
clearly contoured elements of articular structures
zone of sclerosis of the articular head

67. Primary complaints in patients with maxillary fracture include
*malocclusion, pain, swelling
pain, dry mouth, bruising
severe photophobia, pain, hearing loss
general malaise, headache

68. Primary complaints in patients with mandibular fracture include
*malocclusion, pain, swelling
pain, dry mouth, bruising
severe photophobia, pain, hearing loss
general malaise, headache

69. The middle third of the face in patients with upper micrognathia is
*reduced in size
deformed
enlarged
not changed

70. The middle third of the face in patients with upper macrognathia is
*enlarged
reduced in size
deformed
asymmetrical

71. The middle third of the face in patients with upper retrognathia is
*flattened
reduced in size
enlarged
asymmetrical

72. Calculations of jaw displacement during osteotomy are performed based on
*teleradiogram
orthopantomogram
panoramic radiograph
computed tomography scan

73. Calculations of jaws based on teleradiography are performed by
*orthodontist
orthopedist
therapist
surgeon

74. Calculations of jaw displacement during osteotomy are performed based on
*teleradiogram
orthopantomogram
panoramic radiograph
computed tomography scan

75. In case of radiation sickness, surgical intervention can be performed during the
* symptom-free interval
any period
primary reactions period
recovery period

76. The "tube" therapeutic diet includes
*pureed homogeneous food
diet for xerostomia
diet after gastrectomy
diet for gastrointestinal diseases

77. To increase the efficiency of plastic surgery, _____ is implemented
*physiotherapy
massage
microwave hyperthermia
cryotherapy

78. Impaired microcirculation in the pedicle flap in the postoperative period is an indication for
*physiotherapy
cryotherapy
hydromassage
electrocoagulation

79. Impaired microcirculation in the pedicle flap in the postoperative period is an indication for
*hyperbaric oxygenation therapy
cryotherapy

hydromassage
electrocoagulation

80. Dermabrasion of the transplanted skin flap is performed in case of
*hyperpigmentation
gross cicatricial changes
cicatricial changes in the mucous membrane
formation of a keloid scar

81. The healing of the free skin flap in the postoperative period is sped up using
*hyperbaric oxygenation therapy
cryotherapy
hydromassage
electrocoagulation

81. The healing of the free skin flap in the postoperative period is sped up using
*physiotherapy
hydromassage
cryotherapy
chemotherapy

82. A radioisotope scintigraphic study aimed at assessment of the blood supply to the revascularized graft is performed for the first time on ____ after surgery
*the 5th day
the 2nd day
the 3rd day
the 4th day

83. Therapeutic nutrition for a patient after maxillary osteotomy is
*“tube” diet
diet No. 15
diet No. 9
diet No. 1

84. In case of osteotomy of the upper jaw, rubber traction is applied
*a few hours after surgery or on the next day
4 days after surgery
5 days after surgery
7 days after surgery

85. Regeneration of bone tissue after osteotomy of the jaws is accelerated using
*hyperbaric oxygenation therapy
cryotherapy
hormone therapy
chemotherapy

86. Therapeutic nutrition for a patient after osteotomy of the lower jaw is
*“tube” diet
diet No. 15
diet No. 9
diet No. 2

87. Therapeutic nutrition for patients with jaw fractures is
*“tube” diet

diet No. 1
diet No. 15
diet No. 9

88. After applying bimaxillary splints with hook loops, the rubber rings (traction) are changed
*once a week
once a month
daily
3 times a month

89. Solutions used for oral hygiene include
*potassium permanganate solution
40% glucose solution
Ringer's solution
albumen solution

90. Solutions used for oral hygiene include
*dioxidine solution
Ringer's solution
40% glucose solution
albumen solution

91. Osteotropic antibiotics prescribed after osteotomy include
*lincomycin
oletetrin
penicillin
tetracycline

92. A year after the fracture, the deformation of the nasal bones is corrected using
*osteotomy of the nasal bones
manual reduction
nasal tamponade
applying a collodion dressing

93. A year after the fracture, the deformation of the nasal bones is corrected using
*contour plastic surgery
manual reduction
nasal tamponade
applying a collodion dressing

94. A method for eliminating deformation of the zygomatic region without functional impairment after an old fracture of the zygomatic bone is
*contour plastic surgery
zygomatic bone osteotomy
radical maxillary sinusotomy
reposition of fragments

95. The color of the transplanted skin and the surrounding facial skin are matched with the help of
*de-epidermization
hydromassage
physiotherapy
cryotherapy

96. Surgical methods of immobilization of maxillary fractures include
*osteosynthesis according to Makienko
Adams method
Angle's arc
application of bimaxillary splints with a sling-like bandage

97. Surgical methods of immobilization of maxillary fractures
*frontal-maxillary osteosynthesis
Adams method
Angle's arch
application of bimaxillary splints with a sling-like bandage

98. Miniplates are fixed to jaw fragments
*with titanium screws
with a wire
with screws
wire ligature

99. Reposition of the nasal bones in case of recession of fragments is performed using
*Volkov's elevator
Limberg hook
direct elevator
nasal mirror

100. Late primary surgical debridement of facial wounds is performed after
*48 hours
24 hours
8-12 hours
8 days

101. Secondary surgical debridement of wounds in the maxillofacial region is performed in case of
*slow rejection of necrotic tissue, prolonged wound process
rejection of necrotic tissue and the appearance of granulations
wound epithelialization

102. Surgical intervention for isolated fracture of the zygomatic bone with displacement consists of
*reposition of the zygomatic bone
osteotomy of the upper jaw
maxillary sinusotomy with reposition of fragments
radical maxillary sinusotomy with reposition of fragments

103. To prevent asphyxia, the tongue is sutured
*horizontally
at an angle to the midline
vertically along the midline
at an angle to the lateral surface of the tongue

104. To prevent asphyxia, the tongue is stitched
*at the border of the posterior and middle thirds
in the front third

along the midline
at the root

105. Type of anesthesia used for maxillary osteotomy is
*general
local
neuroleptanalgesia
combined

106. Type of anesthesia used for osteotomy of the lower jaw is
*general
combined
local
neuroleptanalgesia

107. Type of anesthesia used during reduction of dislocation of the lower jaw is
*anesthesia according to Dubov
general anesthesia
neuroleptanalgesia
combined

108. The most unfavorable combination of hospital indicators is
*decreased bed turnover and increased mortality
increased bed turnover and increased mortality
reduction in bed turnover and mortality
increasing bed turnover and reducing mortality

109. The quality of treatment in inpatient settings is characterized by
*mortality
number of treated patients
average annual bed occupancy
bed turnover

110. The quality of treatment in inpatient settings is characterized by
*discrepancies between clinical and pathological diagnoses
average length of stay in bed
average annual bed occupancy
bed turnover

111. The quality of treatment in inpatient settings is characterized by
*postoperative complications
average length of stay in bed
average annual bed occupancy
bed turnover

112. Access to medical care is ensured primarily by
*development of primary health care
purchasing missing medicines abroad
changes in the nomenclature of medical specialties
funding of the research sector

113. Types of medical care include
*primary, emergency, specialized, and palliative health care

outpatient and inpatient health care, inpatient day care, and health care outside a medical organization
emergency, urgent, and planned health care
health care by medical specialties

114. The forms of medical care include
*emergency, urgent, and planned health care
primary, emergency, specialized, and palliative health care
outpatient and inpatient health care, inpatient day care, and health care outside a medical organization
health care by medical specialties

115. The conditions for the provision of medical care include
outpatient, inpatient, day hospital, outside a medical organization
* primary, emergency, specialized, and palliative health care
emergency, urgent, and planned health care
varying degrees of comfort

116. The Delaire face mask facilitates
*movement of the upper row of teeth forward
restraining the growth of the upper jaw
the growth of the lower jaw
restraining the growth of both jaws

117. The face bow facilitates
*restraining the growth of the upper jaw
movement of the upper dental arch and upper jaw forward
the growth of the lower jaw
restraining the growth of both jaws

118. A head cap with a chin sling allows
*to restrain the growth of the lower jaw
to move the upper dental arch and upper jaw forward
to stimulate the growth of the lower jaw
to restrain the growth of both jaws

119. The purpose of the Nord expansion appliance is
*therapeutic
prophylactic
retention
combined

120. The purpose of the Andresen-Häupl activator is
*therapeutic
prophylactic
retention
combined

121. Lip bumper is NOT used for
*mesial displacement of the lower dental arch
distal displacement of the first lower molars
lengthening of the anterior segment of the upper dental arch
lengthening of the anterior lower dental arch

122. Lip bumper is used for
*lengthening of dental arches
mesial displacement of the first molars
flattening of the anterior segment of the upper dental arch
narrowing of the dental arches

123. The Nord expansion appliance is used for
*opening of the palatal suture
lengthening of the upper dental arch
rotation of the first upper molars
expansion of the upper dental arch only in the anterior section

124. The Nance appliance is designed for
*stabilization of the position of molars
vestibular movement of incisors
advancement of the lower jaw
stabilization of the position of the incisors

125. The Andresen-Häupl activator for the treatment of cross occlusion is
*two-jawed, combined
single-jaw, mechanical
single-jaw, functional
two-jawed, functional

126. Etiology of acute herpetic stomatitis (AHS) is
*viral
infectious
fungal
allergic

127. Chronic diseases of various organs and systems in the anamnesis are characteristic of
*chronic recurrent aphthous stomatitis (CRAS)
traumatic erosions
folded tongue
after Bednar

128. Bednar aphthae occur in children
*during first months of life
of nursery age
of preschool age
of school age

129. Clinical manifestations of trauma to the oral mucosa include
*erosions of irregular outlines
pustules, thick straw-yellow crusts
round erosions covered with fibrinous plaque
cheesy coating on the mucous membrane of the lips and tongue

130. General condition and well-being of the patient with acute herpetic stomatitis (AHS) can be described as
*body temperature is elevated, eating is painful
headache, joint pain, muscle pain
body temperature is elevated, eating is painless

food intake is not disrupted

131. Acute herpetic stomatitis in children occurs in case of
*loss of passive immunity
the presence of concomitant diseases
allergization of the body
diseases of the endocrine system

132. Clinical manifestations of geographic tongue include
*uneven desquamation of the epithelium on the back of the tongue
filiform papillae on the back of the tongue are white and sharply enlarged in size
deep grooves lined with normal epithelium
on the back of the tongue there is a rounded erosion covered with a fibrinous coating

133. Clinical manifestations of fissured tongue include
*deep grooves lined with normal epithelium
uneven desquamation of the epithelium on the dorsum of the tongue
filiform papillae on the back of the tongue are dark in color and sharply enlarged in size
plaque on the back of the tongue

134. The most typical disease for a child in the first year of life is
*oral candidiasis
chronic gingivitis
cheilitis
drug-induced stomatitis

135. Clinical manifestation of complete dislocation of a temporary or permanent tooth includes
*empty tooth socket
shortening of the visible part of the crown
lengthening of the visible part of the crown
crown displacement to the side

136. In the permanent bite of children, among all types of dental trauma, the most common is
*crown fracture
injury
root fracture
dislocation

137. Identification of _____ is sufficient for a diagnosis of dentinogenesis imperfecta
*changes on the radiograph
vertical grooves from the cutting edge to the necks of the teeth
abrasion of enamel and exposure of watery dentin
chalky spots in the cervical area

138. Etiology of erythema multiforme exudative (EME) is
*infectious-allergic
infectious
viral
hereditary

139. The causative agent of herpangina is
*Coxsackie virus and Echovirus
herpes simplex virus
Varicella-zoster virus
human immunodeficiency virus

140. Diphtheritic membranes contain
*fibrin and cells of the pathogen
pseudomycelial threads
budding fungal cells
epithelial fragments and food debris

141. In acute herpetic stomatitis, smears of the contents of the vesicles and scrapings from the surface of the aphthae in the first 2-4 days of the disease contain
*giant multinucleated cells
a large amount of mushroom mycelium
budding cells
Fusobacteria

142. The causative agent of diphtheria is
*Klebs–Löffler bacillus
hemolytic streptococcus
Coxsackie virus
actinomycetes

143. In case of candidiasis, scrapings contain
*budding cells of Candida fungi
giant epithelial cells
multinucleated cells
clusters of cocci

144. The causative agent of acute herpetic stomatitis is
*herpes simplex virus
oral microflora
viral mixed infection
Coxsackie virus

145. Radiographic signs of a contusion of a temporary or permanent tooth in the first 2-3 days after the injury include
*no changes on the X-ray
uniformly widened periodontal space
periodontal space widened at the apex of the tooth
absence of periodontal gap at the apex of the tooth

146. Radiographic signs of impacted luxation of a permanent formed tooth include
*absence of periodontal gap at the apex of the root
no changes on the X-ray
periodontal space widened at the apex of the root
absence of periodontal space in the lateral region on one side

147. Radiographic signs of incomplete dislocation of a temporary and permanent tooth with displacement towards the adjacent tooth include
*widening of the periodontal space on one side of the root and its absence on the other

uniform widening of the periodontal space
sharp widening of the periodontal space at the root apex
absence of periodontal space at the root apex

148. Radiographic signs of a tooth contusion include
* no changes on the X-ray
uneven widening of the periodontal space
uniform widening of the periodontal space
uneven narrowing of the periodontal space

149. Specific lymphadenitis is lymphadenitis caused by
*Koch's bacillus
streptococcus in combination with staphylococcus
E. coli in combination with staphylococcus
streptococcus

150. Specific lymphadenitis is lymphadenitis caused by
*actinomyces
staphylococcus
streptococcus
staphylococcus in combination with streptococcus

151. Specific lymphadenitis is lymphadenitis caused by
*Treponema pallidum
anaerobic flora
E. coli in combination with staphylococcus
golden streptococcus

152. Specific lymphadenitis is lymphadenitis caused by
*Mycobacterium tuberculosis
staphylococci
E. coli in combination with staphylococcus
streptococcus

153. The pathognomonic radiological symptom of chronic nonspecific parenchymatous parotitis is
*the presence of rounded cavities instead of ducts of the III-IV order
narrowing of the main excretory duct
shadow of a calculus in the area of the excretory duct
narrowing of all ducts

154. Contrast radiography in chronic nonspecific parenchymatous parotitis is indicated during the period of
*remission
exacerbations
active growth of the child

155. Superficial caries is characterized by the symptom of
*painless probing
pain when probing the bottom of the carious cavity at one point
pain when probing the walls of the carious cavity
painful probing throughout the entire bottom of the carious cavity

156. Painful sensations when probing along the enamel-dentin border are characteristic of
*moderate caries
caries in the spot stage
deep caries
chronic pulpitis

157. In case of caries in the spot stage, the enamel is
*smooth, probing is painless
rough, painful to probe
rough, probing is painless
easily removed with an excavator

158. In case of superficial caries, the enamel is
*rough, probing is painless
smooth, probing is painless
rough, painful to probe
a carious cavity within the enamel and outer layers of dentin

159. Painful sensations when probing the bottom of the carious cavity at one point is typical for
*chronic fibrous pulpitis
medium caries
chronic gangrenous pulpitis
chronic periodontitis

160. Superficial pulp probing is painless in
*chronic gangrenous pulpitis
chronic fibrous pulpitis
chronic hypertrophic pulpitis
chronic pulpitis in the acute stage

161. Symptoms characteristic of acute diffuse pulpitis include
*spontaneous pain, nocturnal, paroxysmal, long-lasting, with short clear intervals, radiating
the pain is constant and gets worse when biting down on the tooth
the transitional fold is free and painless upon palpation
pain and bleeding when food gets into a carious cavity

162. Probing the pulp is painful in the depths of the tooth cavity or in the mouths of the canals in case of
*gangrenous chronic pulpitis
fibrous chronic pulpitis
hypertrophic chronic pulpitis
chronic fibrous pulpitis in the acute stage

163. Clinical manifestations of acute periodontitis include
*pain when biting down on a tooth, swelling of the gums
pain from temperature stimuli
fistula on the gum with purulent discharge
prolonged paroxysmal pain with short clear intervals

164. The leading method for determining the form of chronic periodontitis is
*X-ray

EOD
transillumination
determination of the PMA index

165. Painful probing deep into the tooth cavity is characteristic of
*chronic gangrenous pulpitis
acute focal pulpitis
chronic fibrous pulpitis
chronic hypertrophic pulpitis

166. The symptoms characteristic of moderate caries are
*pain when preparing the walls of the carious cavity
pain when probing deep into the tooth cavity
probing is painful throughout the entire bottom of the carious cavity
probing is painful at one point of the bottom of the carious cavity

167. Deep caries is characterized by
*painful probing throughout the entire bottom of the carious cavity
pain when probing deep into the tooth cavity
pain during preparation of the walls of the carious cavity
painful probing at one point of the bottom of the carious cavity

168. Factors contributing to the development of local chronic gingivitis include
*crowded teeth
gastrointestinal diseases
blood diseases
exudative diathesis

169. Clinical signs of chronic catarrhal gingivitis include
*congestive hyperemia, bleeding and swelling of the gingival papillae
enlarged and deformed gums
pale gums, gum retraction 1-3 ml
ulcerated gingival margin, gray coating, putrid odor

170. In mild periodontitis, pockets
*reach up to 3 mm in depth
reach up to 6 mm in depth
are false gingival
reach up to 1 cm in depth

171. Clinical signs of atrophic gingivitis include
*pale gums, gum retraction 1-3 mm
bleeding and swelling of the gingival papillae
enlarged and deformed gums
ulcerated gingival margin, gray coating, putrid odor

172. Clinical signs of hypertrophic gingivitis include
*enlarged and deformed gums
bleeding and swelling of the gingival papillae
pale gums, gum retraction 1-3 ml
ulcerated gingival margin, gray coating, putrid odor

173. Clinical signs of ulcerative necrotic gingivitis include
* ulcerated gum margin, gray coating, putrid odor

bleeding and swelling of the gingival papillae
enlarged and deformed gums
hyperemic and swollen gums

174. The formation of blisters on the skin of the face is typical for
*AHS (acute herpetic stomatitis)
Erythema multiforme (EME)
CRAS (chronic recurrent aphthous stomatitis)
leukoplakia

175. Clinical manifestations of black hairy tongue include
* dark in color and sharply enlarged in size filiform papillae on the back of the tongue
uneven desquamation of the epithelium on the dorsum of the tongue
deep grooves lined with normal epithelium
plaque on the back of the tongue

176. Factors that change the color of tetracycline-stained teeth include
*daylight
taking vitamins orally
fluorescent light
taking calcium supplements

177. An atypical form of erythema multiforme exudative erythema syndrome is called
*Stevens-Johnson
Behcet
Sjogren's
Papillon-Lefevre

178. The most common cause of acute lymphadenitis of the maxillofacial region in children 6-8 years old is
*odontogenic infection from the molars of the lower jaw
odontogenic infection from the maxillary molars
otogenic infection
tonsilogenic infection

179. For removable orthodontic appliances, _____ clasps are recommended
*all of the listed
button-shaped
Adams
round

180. The Bruckl appliance is designed to normalize the position of
*incisors
canines
molars
premolars

181. Lip pads facilitate
*growth of the apical base of the jaw
restraint of growth of the apical base of the jaw
elimination of protrusion of incisors
fixation of the device in the oral cavity

182. Type of elastic traction used in the treatment of mesial occlusion is
intermaxillary class III
*single-jawed
intermaxillary class II
vertical

183. Type of elastic traction used in the treatment of transverse incisor occlusion is
*cross
single-jawed
intermaxillary class III
intermaxillary class II

184. The fixing elements in the Klammt appliance are
*vestibular arch, Adams clasp
hand-shaped springs
screw
vestibular arch only

185. The Andresen-Häupl activator is designed for
*normalization of occlusion
expansion of the lower dental arch
distal movement of the lateral group of teeth on the right
lengthening of dental arches

186. An orthodontic appliance with a screw and sagittal saw cut is designed for
*expansion of the dental arch
correction of the position of the first permanent molar
lengthening of the dental arch
saving space

187. A mechanically acting device is characterized by the presence of
*screws, ligatures, springs, arches, rubber rings
bite pad
inclined plane
shield

188. Intraoral elastic traction is used for
*normalization of the position of teeth and dental arches
introduction of an additional element of the apparatus: face bow, chin sling
normalization of breathing
elimination of bad habits

189. Braces is a device with
*mechanical action
combined action
functional action
extraoral location

190. Frenkel function regulator type III
*creates conditions for the growth of the upper jaw
creates conditions for the growth of the lower jaw
creates conditions for the growth of both jaws
does not affect growth

191. Frenkel function regulator type I
*creates conditions for the growth of the lower jaw
creates conditions for the growth of the upper jaw
creates conditions for the growth of both jaws
does not affect growth

192. In the Frenkel function regulator type I, the labial pads are located in the *lip area
lower
top
upper and lower

193. Frenkel function regulator type I
*allows one to expand the upper and lower dental arches
allows one to expand the lower row of teeth
does not expand the dental arches
allows one to expand the upper dental arch in the anterior section

194. In the Frenkel function regulator type III, the occlusal pads have imprints of
*lower teeth
upper teeth
upper and lower teeth

195. The Nord expansion appliance is ____ based on its fixation method
*non-removable
removable
extraoral
vestibular

196. Nance appliance is ____ based on its fixation method
*non-removable
removable
extraoral
vestibular

197. Hand-shaped springs move the central incisors
*medially, laterally
vestibular
vertically
distally

198. Therapeutic appliances are used for normalization of the position of teeth, the shape and size of the dental arches and
*their relationship
elimination of bad habits
normalization of nasal breathing
retention of orthodontic treatment results

199. Intraoral devices include
*plates for the upper jaw with a screw
facebow
chin sling with head cap
Delaire face mask

200. The Andresen-Häupl activator for the treatment of mesial occlusion is one of the
*combined devices
mechanical devices
functional devices
kappa devices

201. Frenkel function regulator type III is used for the treatment of
*mesial occlusion
dental anomalies
distal occlusion with protrusion of the upper incisors
cross occlusion

202. The Korn lip bumper is designed for
*normalization and stabilization of the position of the first molars
tooth extrusion
implantation of the anterior group of teeth
implantation of the lower incisors

203. Pont's molar index is equal to
*64
85
80
65

204. The period of eruption of teeth 12 and 22 corresponds to
*7-8 years of age
5 years of age
3 years of age
11 years of age

205. The period of eruption of teeth 14 and 24 corresponds to
*8-9 years of age
5 years of age
3 years of age
11 years of age

206. The period of eruption of teeth 13 and 23 corresponds to
*11-12 years of age
5 years of age
8 years of age
3 years of age

207. The period of eruption of teeth 16 and 26 corresponds to
*5-6 years of age
11 years of age
8 years of age
3 years of age

208. The period of eruption of teeth 32 and 42 corresponds to
*6-7 years of age
4 years of age
8 years of age

11 years of age

209. The period of eruption of teeth 33 and 43 corresponds to
*10-11 years of age
3 years of age
5 years of age
12 years of age

210. The period of eruption of teeth 15 and 25 corresponds to
*11-12 years of age
5-6 years of age
3 years of age
8 years of age

211. At birth, the normal lower jaw is
*smaller than the upper jaw
equal to the upper jaw
3 mm larger than the upper jaw
5 mm larger than the upper jaw

212. The dental arches in the occlusion of temporary teeth have the shape of a
*semicircle
semi-ellipse
parabola
trapezoid

213. The period of preparation for the change of teeth lasts
*from 4 to 6 years of age
from 3 to 4 years of age
from 5 to 8 years of age
from 3 to 9 years of age

214. The order of eruption of permanent teeth is
*6-1-2-4-3-5-7
1-2-4-5-3-6-7
6-1-2-5-3-4-7
6-2-4-3-5-7

215. The lower incisors normally contact the upper incisors with their
*cutting edge
lingual surface
vestibular surface
approximal surface

216. Hyperdontia occurs in case of
*the presence of supernumerary teeth
absence of tooth rudiments
tooth retention
increase in the size of teeth

217. Torsiversion is
*rotation of a tooth around a vertical axis
supraposition of the tooth
vestibular inclination of the tooth

oral position of the tooth

218. Distal position of a tooth is the displacement of a tooth
*backwards along the dental arch
forwards along the dental arch
towards the palate
towards the cheek

219. Supraposition is the position of the tooth
*above the occlusal plane
rotation of a tooth around a vertical axis
vestibular
oral

220. Angle's class II is characterized by displacement of teeth
*of the lower jaw distally
of the upper jaw distally
of the lower jaw mesially
of the lower jaw laterally

221. Distal occlusion is characterized by displacement of the lateral teeth
*of the lower jaw distally
of the lower jaw mesially
of the upper jaw distally
of the upper jaw laterally

222. Lingual occlusion is a displacement
*of the lower lateral teeth lingually
of the upper lateral teeth orally
of the upper lateral teeth buccal
of the lower anterior teeth vestibularly

223. Normally, the lower central incisors have
*1 antagonist each
2 antagonists each
contact with the canines of the upper jaw
contact with the lateral incisors of the upper jaw

224. The buccal cusps of the lower lateral teeth are normally in contact with
*longitudinal fissures of the upper
buccal tubercles of the upper
palatine tubercles of the upper
vestibular surfaces of the upper

225. The maxillary incisors normally contact the mandibular incisors with their
*palatine surface
cutting edge
vestibular surface
approximal surface

226. Basal arch of the lower jaw is
*larger than the alveolar arch
5 mm smaller than the alveolar arch
equal to the alveolar arch

3 mm smaller than the alveolar arch

227. The order of eruption of temporary teeth is
*I - II - IV - III – V
I - II - III - IV – V
II - I - III - IV – V
I – II – V – IV – III

228. Vestibuloocclusion is a displacement of
*lower or upper lateral teeth buccally
lower or upper lateral teeth orally
only upper lateral teeth orally
lower anterior teeth orally

229. The palatine cusps of the upper primary molars of a 3-year-old child are located
*in the longitudinal fissure of the lower molars
at the same level as the lingual cusps of the lower molars
vestibular to the buccal cusps of the lower molars
at the same level as the buccal cusps of the lower molars

230. Delayed tooth change is called
*persistence
hyperodontia
crowded position
hypodontia

231. Buccal position of the tooth is
*vestibular
medial
lateral
transposition

232. Adentia of a tooth is an anomaly of
*quantity
size
hard tissue structures
forms

233. The absence of a tooth is an anomaly of
*quantity
size of dental arches
location
closure of dental arches

234. The presence of supernumerary teeth is an anomaly of
*quantity
size
shape
location

235. Retention is an anomaly of
*timing of teeth eruption
quantity
shape

size

236. Narrowing of the dental arch is an anomaly in the ____ direction
*transversal
vertical
sagittal
vertical and sagittal

237. By the time of birth _____ develops
*physiological retrogenia
physiological progeny
reverse incisor occlusion

238. The base of the skull consists of _____ sections
*front and rear
rear
front
cerebral and facial

239. Morphologically, the skull is divided into _____ sections
*cerebral and facial
maxillary and frontal
upper and lower
occipital, frontal, maxillary

240. Buccal position of the tooth is
*vestibular
oral
mesial
distal

250. Palatal position of the tooth is
*oral
mesial
supraposition
vestibular

251. Lingual position of the tooth is
*oral
distal
infralocation
vestibular

252. Occlusion with the habitual, static position of the lower jaw is called
*physiological
mesial
distal
cross

253. Relationship of molars in physiological occlusion belongs to the ____
*1st Angle's class
2nd Angle's class, 1st subclass
3rd Angle's class
2nd Angle's class, 2nd subclass

254. Protrusion of the lower incisors and retrusion of the upper incisors form _____ occlusion in the anterior region
*reverse incisor
vertical incisor disocclusion
deep incisor disocclusion
distal

255. Retrusion of the lower incisors and protrusion of the upper incisors form _____ disocclusion in the anterior region
*sagittal incisor
deep incisor
reverse incisor
transversal incisor

256. Transversal incisor occlusion is considered an anomaly in the _____ region
*anterior
lateral
lower lateral
upper lateral

257. Anomaly of occlusion of posterior teeth in the sagittal plane is
*distal
sagittal incisor
reverse incisor
transversal incisor

258. Tooth position anomaly consisting of posterior displacement is called
*distal
vestibular
tortanomaly
supra-

259. Teething after 13 years is an anomaly of
*timing of tooth eruption
quantities
provisions
forms

260. Anomaly of occlusion of anterior teeth in the vertical plane is called
*vertical incisor disocclusion
sagittal incisor disocclusion
reverse incisor disocclusion
distal

261. Reduction of mesiodistal dimensions is called
*microdontia
hypodontia
hyperdontia
transposition

262. Reduction of mediolateral dimensions is called
*microdontia
hypodontia

hyperdontia
transposition

263. Biprotrusion is
*protrusion of the incisors of the upper and lower dental arches
retrusion of incisors
reverse incisor occlusion
reverse incisor disocclusion

264. Distal occlusion is an anomaly in the _____ direction
*sagittal
vertical
transverse, sagittal and vertical
transversal

265. Shortening of dental arches is an anomaly in the ____ direction
*sagittal
vertical
transversal
combined

266. Protrusion of the upper central incisors is a _____ position
*vestibular
oral
cake placement
transposition

267. Class II cusp occlusion of canines is characteristic of _____ occlusion
*distal
disocclusions
cross
mesial

268. Mesial occlusion is an anomaly in _____ direction
*sagittal
vertical and transverse
transversal
sagittal and transverse

269. Angle's class III relationship of molars is
*mesial occlusion
vertical incisor disocclusion
distal occlusion
deep incisor occlusion

270. The relationship of molars in physiological occlusion corresponds to
*Angle class I
Angle class II, subclass 1
Angle class III
Angle class II, subclass 2

271. Protrusion is an anomaly in the position of the incisors in the _____ direction
*sagittal
vertical

transversal
combined

272. Absence of a tooth rudiment is called
*adentia
lateral position of incisors, diastema
crowded position
diaeresis

273. Palatinocclusion is an occlusion anomaly in the _____ direction
*transversal
vertical
sagittal
sagittal and transverse

274. Dentoalveolar shortening in the area of the incisors of the upper and lower dental arches corresponds to the _____ occlusion anomaly
*vertical incisor disocclusion
deep incisor occlusion
reverse incisor disocclusion
transverse incisor occlusion

275. The lateral position of the central incisors results in
*diastema
trema
torsiversion
transposition

276. Diastema is an anomaly of
*position of the central incisors
shape of dental arches
size of jaw bones
closure of dental arches

277. Rotation of a tooth around the axis is called
*torsiversion
transposition
vestibular position
oral position

278. Hypoplasia is an anomaly of
*hard tissue structures
location
shape
form

279. Physiological retrogenia is formed
*at the time of birth
before the formation of the palate
by the time the first teeth emerge
is not formed

280. During the growth process, the base of the skull interacts with the ____ sections
*cerebral, facial, cervical

brain
facial
cervical

281. The growth zone of a suture is the _____ layer
*cambial
capsular
outer and inner layers of membranous tissue
middle zone of the seam

282. The base of the skull consists of
*2 sections
3 sections
4 sections

283. During the process of intrauterine development of a person, the formation of ____ pairs of gill arches occurs
*4
2
6
8

284. Normally, the canines of the upper dental row have
*2 antagonists
1 antagonist
contact with the incisors
contact the second premolars

285. The lateral position of 11 and 21 is the cause of a
*diastema
trema
diastema and trema
macrodontia

286. Position of the tooth above the occlusal plane is called
*supraposition
infraposition
lateral
mesial

287. Lingual position of the tooth is called
*linguo-
torsiversion
supra-
vestibulo-

288. Palatal position of the tooth is
*oral
mesial
distal
lingual

289. Occlusion anomaly in the anterior section in the transverse plane is called
*transversal incisor occlusion

deep incisor occlusion
reverse incisor occlusion
sagittal incisor occlusion

290. Anomaly of tooth position in the transverse and vertical planes is called
*vestibular and supraposition
infra- and supraposition
oral and vestibular
distal and mesial

291. Anterior occlusion malformation in the vertical plane is called
*deep incisor occlusion
sagittal incisor disocclusion
reverse incisor occlusion
transversal incisor occlusion

292. Occlusion anomalies are an indication for
*all of the listed
anthropometric measurements of plaster models of jaws, external examination
special diagnostic methods
clinical examination

293. _____ is used to measure the length of the body of the upper jaw
*Teleradiography in lateral projection
Teleradiography in direct projection
Orthopantomogram
TMJ tomography

294. _____ is used to assess the periodontium of the lateral group of teeth
*Orthopantomography
Teleradiography in direct projection
TMJ tomography
Teleradiography in lateral projection

295. Anomalies in the size of the jaws in the sagittal direction can be determined using
*Teleradiography in lateral projection
Orthopantomography
Panoramic radiography
Teleradiography in direct projection

296. The habit of sleeping on one's back with head thrown back leads to
*delayed growth of the lower jaw
forward displacedment of the lower jaw
disruption of teething
misalignment of teeth

297. Orthopantomography is used in orthodontics to determine
*the presence of rudiments of permanent teeth
length of the lower jaw
length of the upper jaw
width of dental arches

298. Low attachment of the frenulum of the upper lip leads to

*diastema
limited mobility of the lower lip
increased tooth mobility
trema

299. Cause of diastema
adentia of the lateral incisors
improper feeding
rickets
narrowing of the dental arches

300. Early loss of tooth 63 leads to
*mesial displacement of the lateral teeth and lateral displacement of the anterior teeth
trauma of the rudiment of a permanent tooth
distal displacement of lateral teeth
demineralization of the primordium of the same tooth rudiment

301. The formation of deep incisor disocclusion can be facilitated by the ____ type of growth
*horizontal
vertical
neutral

302. Lack of space can lead to abnormality of tooth
*location
size
shape
structure

303. Low attachment of the frenulum of the upper lip is the cause of
*lateral position of the central incisors, diastema
retention of the central incisors of the upper jaw
transposition of incisors
distal occlusion

304. The reason for the mesial inclination of tooth 16 is
*premature removal 55
macrodontia of the lower teeth
supernumerary tooth in the 45 region
rudimentary pressure 47

305. Possible cause of vertical incisor disocclusion include
*tongue dysfunction
cheek biting
sleeping with head thrown back
unworn tubercles of temporary canines

306. The habit of thumb sucking leads to
*vertical incisor disocclusion
mesial occlusion
protrusion of the lower incisors
deep incisor disocclusion

307. Mesial occlusion can be caused by

*upper micrognathia and lower macrognathia
upper macrognathia and lower micrognathia
upper prognathism
lower retrognathia

308. The causes of crowded teeth include
*narrowing and shortening of the dental arch
macroglossia
microdontia
macrognathia

309. The palatal position of 15 and 25 is caused by
*narrowing and shortening of the upper dental arch
macrodontia of tooth 12
underdevelopment of the lower jaw
displacement of the upper jaw

310. The position of the tongue between the front teeth leads to
*vertical incisor disocclusion
mesial occlusion
deep incisor occlusion
distal occlusion

311. Biting one's finger causes
*protrusion of the upper incisors and retrusion of the lower incisors
tongue injury
advancement of the lower jaw
cheek biting

312. The bad habit of thumb sucking can cause
*retrusion of the lower incisors
formation of transverse occlusion anomaly
midline displacements
lateral displacement of the lower jaw

313. The bad habit of thumb sucking can cause
*sagittal incisor disocclusion
direct incisor occlusion
deep incisor occlusion
deep incisor disocclusion

314. Late change of tooth 63 is the reason
*vestibular eruption 23
narrowing of the dental arch
transpositions 23
12 adentia

315. The deepening of the curve of Spee creates
*lack of space
excess space
does not affect space
normalizes occlusion

316. The cause of bialveolar protrusion may be

*macroglossia
microglossia
microdontia
hypertonicity of the orbicularis oris muscle

317. Anomalies in tooth size include
*microdontia
micrognathia
macroglossia
glossoptosis

318. Lack of fluoride in drinking water is an _____ factor
*exogenous general
endogenous general
exogenous local
endogenous local

319. Anomalies in tooth size include
*macrodontia
micrognathia
macroglossia
macrognathia

320. The cause of diastema may be
*low-attached frenulum of the upper lip
macrodontia
shortened frenulum of the tongue
shallow vestibule of the oral cavity

321. Early loss of temporary molars can lead to
*tilt of adjacent teeth towards the defect
lengthening of the dental arch
diastema
vertical incisor disocclusion

322. The bad habit of thumb sucking may cause
*protrusion of the anterior group of teeth of the upper jaw
disocclusion in the lateral sections
nasal breathing
excessive development of the lower jaw

323. The bad habit of thumb sucking is a sign of ____ disorders
*neurological
aesthetic
traumatic
social

324. Causes of tremas include
*microdontia
wide frenulum of the tongue
narrowing of the dental arches
occlusion disorders

325. Impaired nasal breathing leads to dental anomalies

*narrowing of the upper
expansion of the lower
shortening of the lower
flattening of the upper frontal region

326. Vertical incisor disocclusion may be a consequence of
*dentoalveolar lengthening of the lateral group of teeth and shortening of the anterior group
dental anomalies
disorders of hard tissue development
availability of supernumerary

327. Early loss of tooth 53 leads to
*mesial displacement of lateral teeth
trauma to the rudiment of a permanent tooth 23
trauma to the rudiment of a permanent tooth 13
demineralization of the same tooth rudiment

328. Mouth breathing affects
*position of the tongue
teeth size
position of the frenulum of the upper lip
shape of teeth

329. Hypertrophy of the palatine tonsils and adenoids of the inferior nasal turbinates lead to the formation
*palatinoocclusion
mesial occlusion
deep incisor occlusion
reverse incisor occlusion

330. Facial signs of Crouson syndrome include
*severe underdevelopment of the middle part of the face
excessive development of the lower jaw
excessive development of the upper jaw
severe underdevelopment of the upper part of the face

331. A sharp underdevelopment of the middle part of the face is observed in
*Crouson syndrome
cranioclavicular dysostosis
Franceschetti syndrome
hypohidrotic ectodermal dysplasia

332. Elongated face is a consequence of
*excessive vertical growth of the jaws
excessive horizontal growth of the jaws
neutral growth
underdevelopment of the upper jaw

333. Elongated face is characteristic of the _____ direction of growth
*vertical
horizontal
neutral

334. Causes of microdentia include
*genetically determined factors
low attachment of the frenulum of the upper lip
supernumerary tooth
swallowing dysfunction

335. Occlusion anomalies in the transverse plane include
*palatinoocclusion
mesial occlusion
deep incisor occlusion
bialveolar protrusion

336. The anomaly of the canine position is caused by
*mesial displacement of lateral teeth
tongue dysfunction
shortened frenulum of the tongue
microdontia of the canine

337. The decrease in the morphological height of the face in patients with distal occlusion and retrusion of the maxillary incisors is caused by
*dentoalveolar shortening in the area of the lateral teeth
dentoalveolar elongation in the area of the posterior teeth
dentoalveolar shortening in the area of the anterior teeth
protrusion of incisors

338. Deep incisor occlusion may cause changes in
*lower morphological height of the face
face width
average morphological height of the face
depth of face

339. Endogenous causes of dental anomalies include
*toxicosis of the first trimester of pregnancy
a child's bad habits
birth trauma
artificial feeding

340. Impaired nasal breathing function affects
*shape of the upper dental arch
flattening of the lower dental arch in the anterior region
narrowing of the lower dental arch
expansion of the lower dental arch

341. The child's habit of sleeping with head thrown back contributes to the formation of _____ occlusion
*distal
cross
mesial
vertical incisor disocclusion

342. Morphological abnormalities leading to distal occlusion include
*narrowing of the upper dental arch
dystopia
retention

biprotrusion

343. The habit of thumb sucking leads to malformation of
*upper and lower dental arches in the anterior section
lower dental arch in the transversal direction
upper dental arch in the lateral sections
shortening of the upper dental arch

344. Adenoid facial type is a sign of _____ occlusion
*vertical incisor disocclusion
mesial
neutral
distal

345. Children's habit of placing their hand under their chin is the cause of _____ occlusion
*distal
palatine
vertical incisor disocclusion
mesial

346. The function of lip closure can be normalized with
*therapeutic exercises for the orbicularis oris muscle and normalization of the tongue position during swallowing
plastic surgery of the frenulum of the upper lip
tooth extraction using the Hotz method
plastic surgery of the frenulum of the lower lip

347. The symptom of hypertonicity of the orbicularis oris muscle is
*thimble-like symptom in the chin area when swallowing
supramental fold
protruding upper lip
protrusion of the lower lip

348. A factor in the formation of vertical incisor occlusion is
*dentoalveolar elongation in the chewing group of teeth
alveolar dentoalveolar elongation in the area of the anterior group of teeth
retrusion of incisors
protrusion of incisors

349. The causes of transverse incisor occlusion include
*unilateral narrowing of the dental arch
impaired swallowing function
impaired respiratory function
hypotonia of the orbicularis oris muscle

350. Deep incisor occlusion is an anomaly in the _____ direction
*vertical
sagittal
transversal
transverse, sagittal

351. The cause of diastema is
*microdontia of the upper jaw teeth

shallow vestibule of the oral cavity
shortened frenulum of the tongue
mouth breathing

352. The manifestation of deep incisor occlusion is
thimble symptom
*dentoalveolar shortening of the frontal portion of the lower jaw
concave facial profile shape
enlargement of the lower third of the face

353. The leading factor in the formation of vertical incisor disocclusion is
*impaired tongue function
low attachment of the frenulum of the upper lip
small vestibule
adentia

354. The cause of deep incisor disocclusion is
*dentoalveolar elongation in the anterior region
impaired myodynamic balance
impaired swallowing function
impaired respiratory function

355. Deep incisor occlusion is characterized by
*dentoalveolar shortening in the chewing region of the teeth
thimble symptom
intrusion of incisors
molar extrusion

356. Thumb sucking habit is the cause of _____ occlusion
*distal
mesial
deep incisor
hypertonicity of the masticatory muscles

357. The cause of vestibular eruption of tooth 13 is
*persistent 53
swallowing dysfunction
respiratory dysfunction
adentia of temporary molars

358. The cause of mesial displacement of permanent premolars and molars is
*early loss of temporary canines
supernumerary teeth
distal occlusion
deep incisor occlusion

359. Deep incisor malocclusion is an anomaly in the direction
*vertical
vertical, transversal
sagittal
transversal

360. Standards of medical care refer to _____ regulatory documents
*mandatory

recommendation
legislative
introductory

361. Standards for equipping a medical organization and its structural divisions are included in
*procedures for providing medical care
standards of medical care
patient management protocols
clinical guidelines

362. Financial support for the provision of palliative medical care to citizens is provided by
*budgetary allocations of constituent entities of the Russian Federation
compulsory medical insurance funds
voluntary health insurance funds
exclusively personal funds of citizens

363. The stages of providing medical care are included in
*procedures for providing medical care
standards of medical care
patient management protocols
clinical guidelines

364. Independent assessment of the quality of services provided by medical organizations is one of the forms of _____ control
*public
state
internal
departmental

365. The examination of the quality of medical care is carried out for the purposes of
*identification of violations in the provision of medical care
clarification of the degree of achievement of the planned result
assessment of characteristics reflecting the timeliness of medical care
determining the choice of methods of prevention, diagnosis, treatment and rehabilitation

363. A set of measures aimed at maintaining and (or) restoring health is called
*medical care
medical service
medical intervention
medical manipulation

364. A medical intervention or a complex of medical interventions that is aimed at the prevention, diagnosis, and treatment of diseases, medical rehabilitation and has an independent, complete meaning is called
*medical service
medical care
medical activities
medical manipulation

365. Informed voluntary consent for medical intervention
*is a mandatory condition for medical intervention

issued only if the patient refuses medical care
given in exceptional cases by parents of minor children
given to the patient exclusively when receiving high-tech medical care

366. Types of medical care include
*first aid
emergency medical aid
urgent medical aid
planned medical aid

367. High-tech care is part of the _____ medical aid
*specialized
ambulance
palliative
primary health care

368. Emergency specialized care is part of the _____ medical aid
*first aid
specialized
palliative
primary health care

369. The regulations on the organization of the provision of medical care by types, conditions, and forms are established at the _____ level
*federal
international
municipal
private

370. Bed turnover is determined by the ratio of the number of hospitalized patients to
*average time of a patient's stay in bed
number of days the bed is in use per year
average annual number of beds
average duration of hospital treatment

371. With a decrease in the average length of a patient's stay in hospital (all other things being equal)
*bed occupancy will increase
bed occupancy will decrease
bed occupancy will not change, since this indicator and the average length of a patient's stay in a bed are not related to each other
bed occupancy may remain constant or change in both directions depending on the patient profile

372. In the standard of medical care, the average indicator of the frequency of providing a medical service equal to 1 means that this activity is carried out for the number of patients corresponding to the model, in the volume of
*100%
50%
10%
1%

373. Standards of medical care are developed for
*nosologies

patient models
patient age
patient sex

374. Licensing of medical activities is a form of _____ quality control and safety of medical activities
*state
departmental
internal

375. Medical care is
*a set of measures aimed at maintaining and (or) restoring health
a set of medical interventions aimed at the prevention, diagnosis and treatment of diseases
a set of medical examinations and/or medical procedures
combined measures to eliminate or alleviate the manifestations of the disease

376. The price of a medical service consists of
*cost and profit
expenses and profitability
income and expenses
costs of providing services

377. The workload standard for a medical worker is
*the regulated volume of work that an employee must complete per unit of working time
the cost of working time for a specific job
the established number of workers to perform a specific job
recommended staffing level

378. The measure of the population's need for outpatient care is
*average number of visits to the clinic per capita per year
workload standards for doctors working in a clinic
function of the medical position
number of visits to the clinic per day

379. The population's need for hospitalization is understood as
*share of population requiring hospitalization
number of beds per a given population
the proportion of patients hospitalized per year
the number of hospital physician positions per a given population

380. The patient pays from their own funds for
*additional and service services
emergency and urgent medical care
medical care under the compulsory medical insurance program
inpatient treatment for injuries, poisoning, and venereal diseases

381. The main resource of management is
*information
personnel
material and technical base
funds

382. The passport section of the dental patient’s medical record (form No. 043/u) is filled out by
*medical registrar
dentist
doctor-statistician
nurse

383. The dental patient's medical record (form No. 043/u) is kept in the registry after the patient's last visit for
*5 years
10 years
15 years
20 years

384. 5 years after the patient’s last visit to the dental clinic their medical record of a dental patient (form No. 043/u) is transferred to
*archive
Ministry of Health
Compulsory Medical Insurance Fund
State Statistics Committee

385. The diagnosis and all subsequent sections of the dental patient’s medical record (form No. 043/u) are filled out by
*the attending physician
nurse
registrar
head of department

386. The dental patient's medical record (form No. 043/u) is filled out by the doctor
*after patient appointment
at the end of the working day
during the patient's appointment
at the doctor's discretion

387. The daily work record sheet for a dentist in a dental clinic, department, office (form No. 037/u-88) is intended for
*accounting for work in one day
planning work time
quality control
report to the Mandatory Medical Insurance Fund

388. The daily work record sheet for a dentist in a dental clinic, department, or office (form No. 037/u-88) is filled out by
*the attending physician
nurse
registrar
head of department

389. The daily work record sheet for a dentist in a dental clinic, department, office (form No. 037/u-88) serves as the basis for filling out
*consolidated statement of work accounting
medical record
sick leave certificate
journal of preventive examinations

390. Control over the correctness of filling out the daily work record sheet of a dentist of a dental clinic, department, office (form No. 037/u-88) is carried out by
*the doctor's immediate supervisor
chief physician of the institution
registrar
medical statistician

391. Control over the correctness of filling out the summary sheet for recording the work of a dentist in a dental clinic, department, office (form No. 039-2/u-88) is carried out by
*chief physician of the institution
the doctor's immediate supervisor
registrar
statistician

392. A summary statement of the work of a dentist of a dental clinic, department, office (form No. 039-2/y-88) is compiled by
*medical statistician
head of the institution
the doctor himself
office nurse

393. The work of dental doctors is recorded according to
*conventional units of labor intensity
number of teeth treated
number of patients admitted
courses of preventive measures carried out

394. When monitoring the correctness of maintaining a daily work record sheet for a dentist in a dental clinic, department, office (form No. 037/u-88), the manager compares the records
*with a dental patient's medical record
with clinical guidelines
with standard
with the program of state guarantees for the provision of medical care

395. Two consolidated records of the work of a dentist of a dental clinic, department, office (form No. 039-2/y-88) for one doctor are created in the case of providing dental care to
*adults and children
women and men
medical workers
workers and pensioners

396. The diary of the work of an orthodontist dentist (form No. 039-3/u) is intended for
*accounting for work in one day
planning work time
quality control
report to the Mandatory Medical Insurance Fund

397. The diary of the work of the orthodontist dentist (form No. 039-3/u) is filled out by

*the orthodontist
registrar
nurse
statistician

398. The work diary of an orthodontist (form No. 039-3/u) is filled out on the basis of
*entries in the medical record of a dental patient
outpatient registration card
sick leave certifiate
summary statement of the dentist's work

399. Control over the correctness of filling out the diary of the work of the orthodontist dentist (form No. 039-3/u) is carried out by
*the doctor's immediate supervisor
chief physician of the institution
registrar
statistician

400. The diary of the work of the orthodontist dentist (form No. 039-3/u) must be filled out
*daily
weekly
monthly
hourly

401. The diary of the work of an orthopedic dentist (form No. 039-4/u) is intended for
*accounting for work in one day
planning work time
quality control
report to the Mandatory Medical Insurance Fund

402. The diary of the work of the orthopedic dentist (form No. 039-4/u) is filled out by
*orthopedic surgeon
registrar
nurse
statistician

403. The diary of the work of the orthodontist dentist (form No. 039-3/u) is filled out on the basis of
*patient's medical record
daily work record sheet for an orthopedic dentist
sick leave certificate
summary statement of the dentist's work

404. Control over the correctness of filling out the diary of the work of the orthopedic dentist (form No. 039-4/u) is carried out by
*the doctor's immediate supervisor
chief physician of the institution
registrar
statistician

405. The work diary of the orthopedic dentist (form No. 039-4/u) must be filled out
*daily
weekly
monthly
hourly

406. Age structure of the population of the Russian Federation is
*regressive
stationary
progressive
static

407. The daily work record sheet for an orthopedic dentist (form No. 037-1/u) is used for filling out
*diary of the orthopedic doctor's work
consolidated journal of patient admissions
statistical report
medical record of a dental patient

408. The journal of registration of preventive examinations of the oral cavity (form No. 049/u) is intended for
*registration of preventive examinations
planning work time
quality control
report to the Mandatory Medical Insurance Fund

409. The journal of registration of preventive examinations of the oral cavity (form No. 049/u) is filled out by
*nurse
registrar
dentist
statistician

410. Control over the correctness of filling out the register of preventive examinations of the oral cavity (form No. 049/u) is carried out by
*Head of Department
chief physician of the institution
registrar
statistician

411. The journal of records of preventive examinations of the oral cavity (form No. 049/u) is the main document for analysis of
*preventive work among the population
efficiency of equipment use
public awareness about healthy lifestyles
distribution of the workload among doctors

412. The medical record of an orthodontic patient (form No. 043-1/u) is a record of the provision of medical care
*on an outpatient basis
outside a medical organization
in a day hospital setting
stationary conditions

413. The orthodontic patient's medical record (form No. 043-1/u) is filled out at the clinic for the patient
*upon initial contact
at every request
once a year
once every five years

414. The title page of the orthodontic patient’s medical record (form No. 043-1/y) is filled out
*at the reception desk
in the office of a general dentist
in the recreational area
in the orthodontist's office

415. The medical record of the orthodontic patient (form No. 043-1/y) is stored
*at the reception desk
in the orthodontist's office
by the patient
at the head physician's

416. The main document certifying the patient's identity is
*passport
insurance policy
driver license
birth certificate

417. Entries in the orthodontic patient’s medical record (form No. 043-1/u) are kept in the _____ language
*Russian
regional
English
Latin

418. The medical record of an orthodontic patient (form No. 043-1/u) is issued
*on their first visit
upon completion of treatment
at every visit
by agreement with the patient

419. The type of medical care includes
*palliative
first
health resort
stationary

420. Standards of medical care are approved by
*Ministry of Health of the Russian Federation
By the Government of the Russian Federation
management of the medical organization
Russian Academy of Sciences

421. The overall morbidity rate characterizes
*prevalence of diseases among the population
changes in disease prevalence over time

the specific gravity of a particular disease
prevalence of socially significant diseases

422. Clinical guidelines are _____ normative documents
*advisory
mandatory
legislative
introductory

423. To calculate the overall incidence, data on the number and average annual population size and _____ are required
*diseases registered for the first time in a given year
diseases diagnosed for the first time in life
socially significant diseases registered in a given year
infectious diseases registered for the first time in life

424. To calculate the primary incidence, data on the number and average annual population size and _____ are required
diseases diagnosed for the first time in life
diseases registered for the first time in a given year
socially significant diseases registered in a given year
infectious diseases registered for the first time in life

425. To calculate the incidence of infectious diseases, data on the number of infectious diseases registered in a given year and _____ are required
*average annual population
diseases diagnosed for the first time in life
socially significant diseases registered in a given year
diseases registered in this territory

426. To calculate the incidence of socially significant diseases, data on the number of socially significant diseases registered in a given year and _____ are required
*average annual population
diseases diagnosed for the first time in life
diseases registered for the first time in a given year
infectious diseases registered in this territory

427. To calculate the structure of diseases, data on the number of _____ are needed
*cases of a specific disease and cases of all diseases
cases of a specific disease and the average annual population
cases of all diseases in a given year and cases of diseases in previous years
cases of diseases detected during medical examination and the number of persons who underwent medical examination

428. To calculate the pathological prevalence, data on the number of _____ are needed
*cases of diseases identified during medical examination and the number of persons who underwent medical examination
cases of a specific disease and the average annual population
cases of a specific disease and the number of cases of all diseases
cases of all diseases in a given year and the number of cases of diseases in previous years

429. To calculate a specific type of morbidity, data on the number of cases of a specific disease and _____ are required
*average annual population
the number of cases of diseases in previous years
number of working-age population
the number of persons who underwent a medical examination

430. To calculate the dynamics of the incidence rate, data on morbidity in this year and in previous years and _____ are required
*the number of cases of a specific disease and the average annual population
incidence of a specific type and general morbidity
the number of cases of diseases identified during a medical examination and the number of persons who underwent a medical examination

431. Of the conditions affecting health, the most significant, according to WHO data, is
*lifestyle
healthcare
heredity
external environment

432. Primary risk factors for the development of diseases include
*poor nutrition
arterial hypertension
diabetes mellitus
hypercholesterolemia

433. Primary risk factors for the development of diseases include
*smoking
arterial hypertension
diabetes mellitus
hypercholesterolemia

434. Primary risk factors for the development of diseases include
*alcohol abuse
arterial hypertension
diabetes mellitus
hypercholesterolemia

435. Primary risk factors for the development of diseases include
*hypodynamia
arterial hypertension
diabetes mellitus
hypercholesterolemia

436. Primary risk factors for the development of diseases include
*stress
arterial hypertension
diabetes mellitus
hypercholesterolemia

437. Primary sources of information on population size include
*population census
statistical publications

registers
card indexes

438. Demographic indicators are used in the healthcare system for the purpose of
*health care planning
analysis of the quality of medical care
population health assessments
morbidity forecast

439. Devital staining of teeth is caused by
*depulpation of teeth
biliary tract anomaly
amelogenesis imperfecta
dentinogenesis imperfecta

440. The thickness of the plastic crown should be no less than
*1.0-1.5 mm
0.5-0.7 mm
2.8-3.0 mm
2.0-2.5 mm

441. Alginate mass is used to obtain working impressions when making a _____ crown
*stamped
cast
metal-plastic
metal-ceramic

442. When preparing a tooth for the production of a stamped crown, grinding is carried out on the lateral surfaces
*in accordance with the perimeter of the tooth neck, forming a cylinder
by the thickness of the crown material
only the equator
forming a 9-10° cone

443. When preparing teeth for a porcelain crown, the approximal walls should
*converge at an angle of 6-8°
diverge slightly
be strictly parallel
converge at an angle of 10-15°

444. The thickness of the metal-ceramic crown should be no less than
*1.8-2.0 mm
0.5-0.9 mm
1.0-1.2 mm
0.2-0.4 mm

445. To speed up the crystallization of medical plaster, _____ is added during its mixing
*table salt
sugar
alcohol
sodium tetrabonate (borax)

446. The alginate impression mass is mixed with _____ as its basis
*water
water with added salt
warm water
catalyst supplied with the material

447. Silicone mass is used to obtain working impressions when making a _____ crown
*metal-plastic
stamped with facing
stamped steel
stamped gold

448. When making a cast crown, the working impression is made using
*silicone
alginate
zinc oxyeugenol
gypsum

449. When making a metal-ceramic crown, the working impression is made using
*silicone
alginate
zincoxyeugenol
stens

450. When making cast or metal-ceramic crowns, the working impression is made using
*silicone masses
alginate masses
plaster
stens

451. Clinical stage of manufacturing a cast metal crown is
*determination of centric occlusion or centric relation of jaws
crown polishing
production of wax bases with occlusal rims
modeling of a cast crown

452. Laboratory stage of manufacturing a cast metal crown is
*modeling of a cast crown
determination of centric occlusion or centric relation of the jaws
fitting of a cast crown in the oral cavity
tooth preparation for a cast metal crown

453. Clinical stage of manufacturing a metal-plastic crown is
*fitting the metal-plastic crown frame into the oral cavity
production of a collapsible combined model
polishing of a metal-plastic crown
modeling the frame of a metal-plastic crown

454. Clinical stage of manufacturing a metal-ceramic crown is
*fitting a metal-ceramic crown in the oral cavity
modeling the framework of a metal-ceramic crown
glazing of a metal-ceramic crown

production of a collapsible combined model

455. Laboratory stage of manufacturing a metal-plastic crown is
*polishing of a metal-plastic crown
determination of centric occlusion or centric relation of the jaws
tooth preparation for a metal-plastic crown
fitting the frame of a metal-plastic crown in the oral cavity

456. Laboratory stage of manufacturing a metal-ceramic crown is
*glazing of a metal-ceramic crown
determination of centric occlusion or centric relation of the jaws
fitting of the metal-ceramic crown framework in the oral cavity
fitting of a metal-ceramic crown in the oral cavity

457. To form a 135° bevel when preparing cast crowns with veneers, _____ burs are required
*torpedo-shaped
spherical
peak-shaped
cylindrical

458. To reduce the gag reflex when taking impressions, the patient is advised to rinse the mouth
*with a concentrated solution of table salt
with warm water
with soda solution
with potassium permanganate solution

459. The stage of obtaining an anatomical impression includes
*selection of a standard impression tray
making a custom spoon
selection of an impression tray using functional tests
perforation of an individual tray in the area of the loose comb

460. The alginate impression material is held in place on a non-perforated tray using
*adhesive tape and adhesive
processing the edges of a spoon with Isokol
treating the edges of a spoon with alcohol
treating the edges of a spoon with hydrogen peroxide

461. The main disadvantage of alginate impression materials is their ability to
*underrgo a large shrinkage, which occurs 20 minutes after taking the impression mix with water
not dissolve in disinfectant solution
maintain integrity when removed from the oral cavity

462. The working plaster model from the alginate impression must be cast no later than
*15 minutes
45 minutes
60 minutes
24 hours

463. Standard color scale is called

*Vita
Filtek
Gradia
Charisma

464. The index for assessing the intensity of caries is
*DMF
CPITN
OHI-S
PMA

465. The index for assessing the hygienic condition of the oral cavity is
*OHI-S
CPITN
DMF
PMA

466. The most common outcome due to overstretching of the TMJ ligaments is
*hypermobility of the articular heads
pain when chewing in the TMJ area
spasm of the masticatory muscles
articular disc atrophy

467. Demineralization begins in the _____ layer of the enamel
*subsurface
superficial
deep
peripulpal

468. The local factor in the development of caries is
*poor oral hygiene
high fluoride levels in drinking water
low fluoride levels in drinking water
mouth breathing

469. The level of production of volatile sulfur compounds in the oral cavity depends on
*the presence of a protein substrate
quality of prosthetics
periodontal structure
tone of the masticatory muscles

470. Products of anaerobic microbiological breakdown of sulfur-containing amino acids is/are
*volatile sulfur compounds
maltose
pepsin
sucrose

471. The materials used in dentistry may cause
*contact allergic stomatitis
candidiasis
halitosis
periodontitis

472. Key age groups examined according to WHO recommendations are
*5-6 years old, 12 years old, 15 years old, 35-44 years old, 65 years old and older
0-3 years, 7 years, 14 years, 18 years, 35-44 years, 60-70 years
6-7 years, 9 years, 15 years, 21-35 years, 45-60 years, 70 years and older
0-3 years, 12 years, 20 years, 40-45 years, 75-80 years

473. Key age groups of children during the epidemiological dental survey according to the WHO methodology are
*5-6 years, 12 years, 15 years
2-3 years, 6 years, 12 years
3 years, 8 years, 12 years
4 years, 8 years, 12 years, 15 years

474. Optimal frequency of epidemiological surveys is
*once every 5 years
once a year
2 times a year
once every 10 years

475. Indications for enamel microabrasion include
*striated, spotted, and chalky-speckled forms of fluorosis
tetracycline teeth
pregnancy and lactation
age up to 12 years

476. General contraindications to enamel microabrasion include
*age of patients under 12 years
systemic enamel hypoplasia
focal demineralization of enamel
tetracycline teeth

477. Local absolute contraindications to enamel microabrasion include
*amelo- and dentinogenesis imperfecta
irregularities on the enamel surface
cracks on the enamel surface
orthodontic treatment

478. Fissure sealing should be performed during
*the first months after tooth eruption at the stage of immature enamel
one year after natural mineralization
any time
2 years after the tooth eruption

479. Relative contraindication for fissure sealing include
*poor oral hygiene
intact wide fissures
streaky form of enamel hypoplasia
fissure caries

480. Indication for fissure sealing include
*deep fissures
delayed tooth eruption
early stages of caries

enamel hypoplasia

481. Optimal timing of fissure sealing for first permanent molars is
*6-7 years of age
10-11 years of age
9-10 years of age
12-13 years of age

482. Means of teeth whitening include
*whitening toothpastes
colloidal silver
silver nitrate
prophylactic toothpastes

483. A substance is used to whiten teeth is
*carbamide peroxide
sodium triphosphate
hydrated silicon
sodium sulfate

484. When exposed to a whitening agent, _____ is destroyed
*organic matter in interprismatic spaces
surface layer of enamel
subsurface layer of enamel
superficial layer of dentin

485. Indication for teeth whitening include
*tooth/teeth discoloration
patient age under 18 years
pulp chamber
enamel caries

486. A general contraindication to teeth whitening is the patient's age of
*16 years
18 years
45 years and above
65 years and above

487. Home teeth whitening uses concentrations of hydrogen peroxide/urea of
*3-6% / 10-22%
1-3% / 5-10%
15-25% / 20-30%
15-38% / 30-45%

488. At the moment of birth, the baby's lower jaw takes up a ____ position in relation to the upper jaw
*distal
neutral
mesial
lateral

489. In temporary occlusion the dental arches have a shape of
*semicircles
semi-ellipses

parabolas
trapezoids

490. In permanent occlusion the upper dental arch has a shape of
*semi-ellipse
semicircle
parabola
trapezoid

450. In permanent occlusion the lower dental arch has a shape of
*parabola
semicircle
semi-ellipse
trapezoid

451. Anomalies in the shape and size of teeth are detected during
*clinical examination
X-ray examination
laboratory examination
immunological examination

452. Teeth of 2-year old children should be brushed using
*children's gel-based toothpastes
high-fluoride toothpastes
tooth powder
chalk-based hygienic toothpastes

453. Fluoride-containing toothpastes are recommended for children from the age of
*2-3 years
1-1.5 years
5-6 years
10-12 years

454. Toothpastes should be used for brushing children’s teeth starting from the age of
*1.5-2 years
5 years
6-9 months
4 years

455. Low abrasive toothpastes are designed for
*patients with increased sensitivity of hard dental tissues
patients with inflammatory periodontal diseases
persons who abuse smoking
patients with braces

456. Toothpastes with a high abrasiveness rating should be used
*1-2 times a week
every day in the morning and evening
every day in the morning
2-3 times a month

457. To reduce gums bleeding, patients are advised to use toothpastes containing
*extracts of medicinal plants
sodium fluoride

calcium carbonate
strontium chloride

458. Contraindications to the use of fluoride-containing toothpastes in children include
*high fluoride content in drinking water
poor oral hygiene
large number of fillings
systemic enamel hypoplasia

459. In order to clean the flushing part of the prosthetic bridge most effectively, the patients are recommended to use
*superfloss
manual toothbrush
electric toothbrush
toothpicks

460. Individual oral hygiene is performed by the
*patient
dental hygienist
dental assistant
dentist

461. Professional oral hygiene must be performed at least once every
*6 months
month
year
2 years

462. Brushing of teeth by a patient under the supervision of a specialist is called
*controlled teeth cleaning
individual oral hygiene
professional oral hygiene
professional teeth cleaning

463. A set of measures including controlled teeth cleaning, professional removal of dental plaque, and elimination of factors that contribute to dental plaque accumulation is called
*professional oral hygiene
individual oral hygiene
professional teeth cleaning
dental education

464. In ultrasonic devices used for removing mineralized dental deposits, the oscillation frequency is
*16-45 kHz
2-6 kHz
7-10 kHz
10-15 kHz

465. The indication for the use of systemic methods of fluoride caries prevention is the fluoride content in drinking water
*below half of the optimal
at optimal level
at suboptimal level
above the optimal

466. Simultaneous use of two endogenous methods of fluoride prevention of dental caries is
*not indicated
indicated
indicated if the fluoride content in drinking water is optimal
indicated if the fluoride content in drinking water is higher than optimal

467. The sodium fluoride content in 1 liter of fluoridated milk is
*2.5 mg
1.0 mg
1.5 mg
5.0 mg

468. Rinsing with fluoride-containing solutions for the prevention of caries is recommended starting from age
*6 years
3 years
10 years
12 years

469. In areas with low fluoride levels in drinking water, the most effective method of fluoride prevention of dental caries in children is the use of
*sodium fluoride tablets
fluoride-containing solutions for rinsing
fluoride-containing toothpastes
fluoride-containing varnish (gel)

470. Optimal concentration of fluoride in drinking water for the temperate climate zone is
*1.0 mg/L
0.3 mg/L
0.5 mg/L
0.7 mg/L

471. Optimal concentration of fluoride in drinking water for the southern climate zone is
*0.7 mg/L
0.3 mg/L
0.5 mg/L
1.0 mg/L

472. Fissure sealing of premolars is recommended to be performed at the age of
*9-12 years
12-14 years
6-8 years
16-18 years

473. Fissure sealing of second permanent molars is recommended to be performed at the age of
*12-14 years
5-6 years
6-8 years
9-12 years

474. Fissure sealing of permanent teeth (molars and premolars) is recommended to be performed
*right after eruption

in 2-3 years after eruption
in 4-6 years after eruption
in 10-12 years after eruption

475. An absolute contraindication to the fissure sealing method is
*moderate or deep caries
poor oral hygiene
narrow and deep fissures
incomplete eruption of the tooth crown

476. Remineralizing therapy is recommended for
*caries in the chalky spot stage
caries media
deep caries
complicated caries

477. The main method of preventing catarrhal gingivitis is
*rational oral hygiene
balanced nutrition
oral cavity sanitation
selective grinding of teeth

478. Prevention of inflammatory periodontal diseases is promoted by
*professional oral hygiene
taking fluoride-containing drugs
remineralizing therapy
reducing carbohydrate intake

479. Prevention of inflammatory periodontal diseases is promoted by
*rational oral hygiene
coating teeth with fluoride-containing varnish
remineralizing therapy
fissure sealing

480. The cusps of the primary canines are usually ground down for
*prevention of dental anomalies
cosmetic purposes
prevention of periodontal diseases
improving oral hygiene

481. In case of early removal of baby teeth it is necessary to implement
*removable dentures
fixed prosthetics
stimulation of the eruption of permanent teeth
grinding down the unworn cusps of temporary molars

482. To prevent caries, rinsing with a 0.2% sodium fluoride solution is carried out
*once every 2 weeks
daily
once a week
once every six months

483. To prevent caries, rinses with sodium fluoride solutions in concentrations of _____ are used
*0.05%; 0.1%; 0.2%
0.01%; 0.02%
0.02%; 0.05%

		1%; 2%; 3% 484. 1% and 2% sodium fluoride solutions are used in the form of _____ in caries prevention *applications rinses oral administration mouth rinses 485. Coating teeth with fluoride varnish for the prevention of caries is most effective in the age period of *3-15 years 4-10 years 6-12 years 12-18 years 486. Use of local fluoride prophylaxis in areas with fluoride content in drinking water exceeding 1.5 mg/L is *contraindicated indicated for children under 12 years of age shown in combination with systemic agents indicated when the patient has poor oral hygiene 487. For remineralizing therapy, _____ solution is used *Borovsky-Volkova Schiller-Pisarev methylene blue chlorhexidine 488. For remineralizing therapy, a solution of calcium gluconate is used in a concentration of *10% 5% 15% 20% 489. Remineralizing agents include _____ solution *calcium gluconate 10% 10% hydrogen peroxide 2.4% euphyllin methylene blue 2%

Assessment criteria

“Very good” - more than 91% correct answers of questions of every level

“Good” - 81-90% correct answers of questions of every level

“Satisfactory” - 71-80% correct answers of questions of every level

“Unsatisfactory” - less than 71% correct answers of questions of every level

4. Assessment criteria for learning outcomes

"Pass" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"Fail" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Removal of an artificial crown

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems
C	GPC-10	Able to organize the nursing and paramedical care
C	GPC-11	Able to implement the principles of quality management in professional environment
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient’s medical rehabilitation
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and

		communication technologies complying with the information security requirements
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style
F	A/06.7	Organizational and administrative activities

	Action	Performed	Not Performed
1.	Use of personal protective equipment, selection of tools for performing the task (medical gown, cap, change of shoes, medical gloves, dental mirror, forceps, probe, tray, metal spatula, burs for sawing crowns)	1 point	-1 point
2.	Conducting patient interview (complaints, medical history, informed voluntary consent of the patient)	1 point	-1 point
3.	Examination of teeth, artificial crowns, dental arches, and bite. Determination of tooth mobility by probing or palpation, assessment of periodontal condition (probing of the gingival groove and pocket), detection of gingival recession, and reduction in the height of the interdental septa. Palpation of the gingival mucosa and the mucosal fold.	1 point	-1 point
4.	Evaluation of orthopantomogram, panoramic and targeted dental radiographs: presence of periapical changes, changes in the cortical plate, narrowing or widening of the periodontal space, defects in the marginal fit of artificial crowns	1 point	-1 point
5.	Formulating a diagnosis, reasons for removing the artificial crown, filling out the medical record	1 point	-1 point
6.	Sawing the vestibular wall of the artificial crown using a wheel-shaped or cylindrical bur with a rounded tip made of carbide, or a special small-diameter vulcanite disc. The incision is made through to the cement layer and extends	1 point	-1 point

	across the entire vestibular surface, extending to the incisal or chewing surface		
7.	Spreading the edges of the crown in the incision area on the vestibular surface using a spatula or a large excavator. If there is no stable support at the lingual edge of the artificial crown, a small horizontal notch is made on the lingual surface of the crown approximately 2 mm from the edge (being careful not to perforate the crown), where the tip of the instrument will rest.	1 point	-1 point
8.	Assembly of the crown removal tool: connecting the device to the hook-shaped tip, setting the vibration intensity to low (there are three levels in total)	1 point	-1 point
9.	Placing the tip of the crown removal instrument on the lingual edge of the crown or on the horizontal notch and securing it in place. Pressing the tip against the crown, holding it in place with one's finger. Holding the instrument with the other hand, avoiding contact with the opposing teeth. Then release the instrument lever, which will cause a slight, brief jolt (first attempt).	1 point	-1 point
10.	Increasing the device's lever intensity to medium and repeating the crown removal procedure again (2nd attempt). Increasing the device's lever intensity to maximum and repeat again (3rd attempt). Setting the vibration intensity to low. Placing the tip of the instrument on the buccal edge of the crown and secure it in place. Pressing the tip against the crown and holding it in place with a finger. Holding the device with the other hand, avoiding contact between the instrument and the opposing teeth. Then releasing the instrument's lever. Removing the crown from the mouth with forceps	1 point	-1 point
	Total	10 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skill Name: Examination of a patient with partial tooth loss, defects of hard tooth tissue

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities

C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems
C	GPC-10	Able to organize the nursing and paramedical care
C	GPC-11	Able to implement the principles of quality management in professional environment
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies

F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style
F	A/06.7	Organizational and administrative activities

	Action	Performed	Not Performed
1.	Use of personal protective equipment, selection of tools for performing the task (medical gown, cap, change of shoes, medical gloves, dental mirror, forceps, probe, tray, metal spatula, burs for sawing crowns)	1 point	-1 point
2.	Patient interview (complaints, medical history, informed voluntary consent of the patient; obtaining data on concomitant and past diseases, prosthetics, oral sanitation)	1 point	-1 point
3.	Examination (palpation of the soft tissues of the face and bone base, determination of the height of the lower part of the face in a state of physiological rest and occlusal height, determination of the type of bite)	1 point	-1 point
4.	Palpation of the temporomandibular joint (determination of symmetry, smoothness of movements, deviation of the lower jaw)	1 point	-1 point
5.	Determination of the degree of tooth mobility by probing or palpation, determination of the periodontal condition (probing of the periodontal groove, pocket), detection of gum recession, reduction in the height of the interdental septa	1 point	-1 point
6.	Determination of areas of mobile and immobile mucous membrane, determination of compliance and pain sensitivity of the oral mucosa by palpation	1 point	-1 point
7.	Determination of bite, defects of dental arches, defects of teeth - the degree of destruction of hard tissues of chewing teeth using the index of destruction of the occlusal surface of the tooth (according to V.Yu. Milikevich), the degree and uniformity (unevenness) of atrophy of the alveolar processes, exostoses, palatine torus	1 point	-1 point
8.	Evaluation of orthopantomogram, panoramic and targeted radiographs: presence of periapical changes, changes in the cortical plate, narrowing or widening of the periodontal space	1 point	-1 point
9.	Filling out the medical record	1 point	-1 point
10.	Formulating a diagnosis	1 point	-1 point
	Total	10 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Making a temporary crown and fixing it

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle

C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems
C	GPC-10	Able to organize the nursing and paramedical care
C	GPC-11	Able to implement the principles of quality management in professional environment
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient’s medical rehabilitation
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment

C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients		
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology		
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills		
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators		
F	A/01.7	Patient examination. Making a diagnosis		
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies		
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness		
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health		
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style		
F	A/06.7	Organizational and administrative activities		
	Action		Performed	Not Performed
1.	Use of personal protective equipment, selection of tools for performing the task (medical gown, cap, change of shoes, medical gloves, dental mirror, forceps, probe, tray, dental burs for preparing teeth, plastic for temporary crowns included, articulating paper, polishing head, dental cement for temporary fixation of crowns).		1 point	-1 point
2.	Conducting a survey (complaints, medical history, informed voluntary consent of the patient).		1 point	-1 point
3.	Examination of teeth, artificial crowns, dental arches, and bite. Determination of tooth mobility by probing or palpation, assessment of periodontal condition (probing of the gingival groove and pocket), detection of gingival recession, and reduction in the height of the interdental septa. Palpation of the gingival mucosa and the mucosal fold.		1 point	-1 point
4.	Evaluation of orthopantomogram, panoramic and targeted dental radiographs: presence of periapical changes, changes in the cortical plate, narrowing or widening of the periodontal space, defects in the marginal fit of artificial crowns.		1 point	-1 point
5.	Formulating a diagnosis, treatment plan, filling out a medical record.		1 point	-1 point
6.	Taking an impression of the tooth before preparation and adjacent teeth using softened silicone material (1 layer). After the silicone material has hardened, the impression is removed from the teeth (the impression must be prepared in advance).		1 point	-1 point
7.	The tooth is prepared for a cast crown (the tooth must be prepared in advance), and an insulating material is applied.		1 point	-1 point
8.	The plastic for the temporary crowns is selected, and the color of the plastic for the temporary crown is determined by the color chart. A plastic mass of the chosen color is prepared and, in the paste-like state, poured into a silicone		1 point	-1 point

	impression of the tooth, obtained before preparation for the cast crown.		
9.	A silicone impression with a plastic mass is placed on the teeth and pressed into place. After the plastic has hardened, the impression is removed from the dentition. The temporary plastic crown is removed from the tooth. The temporary crown is fitted, ground, and polished.	1 point	-1 point
10.	A temporary plastic crown is fixed with dental cement for temporary fixation.	1 point	-1 point
	Total	10 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Determining the Fedorov-Volodkina index of a child patient

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations

C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems		
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems		
C	GPC-10	Able to organize the nursing and paramedical care		
C	GPC-11	Able to implement the principles of quality management in professional environment		
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation		
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements		
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods		
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment		
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients		
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology		
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills		
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators		
F	A/01.7	Patient examination. Making a diagnosis		
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies		
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness		
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health		
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style		
F	A/06.7	Organizational and administrative activities		
	Action		Performed	Not Performed
1.	Prepare a package with sterile dental instruments, prepare cotton swabs, Lugol's solution , and assess the expiration date.		1 point	-1 point
2.	Take 1 cotton roll with angled tweezers and place it in the area of the transitional fold of the vestibule of the oral cavity of the lower jaw on the left		1 point	-1 point
3.	Place the glass slide with a smooth surface on the dental table and drop 2 drops of Lugol's solution		1 point	-1 point
4.	Take the applicator from the container, soak it in Lugol's solution and apply staining to the vestibular surfaces of the lower front teeth.		1 point	-1 point
5.	Determine the digital value of the index The index is determined by the intensity of staining: 1 point - no staining;		1 point	-1 point

	2 points - a quarter of the crown surface is stained; 3 points –half of the surface is stained; 4 points – ¾ of the surface is stained; 5 points –the entire surface of the crown is stained. The index is calculated by summing the indices of each stained tooth, divided by 6. The final result determines the quality of oral hygiene: 1.1–1.5 — high; 1.6–2 — satisfactory; 2.1 – 2.5 — unsatisfactory; 2.6–3.4 — low; less than 3.5 - very low.		
	Total	5 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Filling a carious cavity

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis

C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies		
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations		
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems		
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems		
C	GPC-10	Able to organize the nursing and paramedical care		
C	GPC-11	Able to implement the principles of quality management in professional environment		
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation		
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements		
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods		
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment		
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients		
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology		
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills		
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators		
F	A/01.7	Patient examination. Making a diagnosis		
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies		
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness		
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health		
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style		
F	A/06.7	Organizational and administrative activities		
	Action		Performed	Not Performed
1.	Check the quality of the preparation using a caries indicator on a cotton ball secured with forceps. Perform a single antiseptic treatment of the prepared cavity with an antiseptic solution		1 point	-1 point
2.	Prepare glass ionomer cement for filling: apply powder and liquid glass ionomer cement in the proportions to the mixing pad according to the instructions		1 point	-1 point

3.	Mix the filling material with a plastic spatula until the required consistency is achieved according to the instructions	1 point	-1 point
4.	Place the filling material into the cavity using a spatula. Shape the filling using a plugger and spatula	1 point	-1 point
5.	After the glass ionomer cement has hardened, check the occlusion using articulation paper, carry out a correction	1 point	-1 point
6.	Polish the filling	1 point	-1 point
	Total	6 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Filling a carious cavity

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations

C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems		
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems		
C	GPC-10	Able to organize the nursing and paramedical care		
C	GPC-11	Able to implement the principles of quality management in professional environment		
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation		
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements		
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods		
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment		
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients		
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology		
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills		
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators		
F	A/01.7	Patient examination. Making a diagnosis		
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies		
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness		
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health		
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style		
F	A/06.7	Organizational and administrative activities		
	Action		Performed	Not Performed
1.	Prepare a tray with instruments (medical spatula, dental tweezers, dental mirror, carpule syringe), carpule with anesthetic, injection needles		1 point	-1 point
2.	Treat the diaphragm of the cartridge with an antiseptic		1 point	-1 point
3.	Place the cartridge into the injector		1 point	-1 point
4.	Align the cartridge plugger with the injector plunger		1 point	-1 point
5.	Install and secure the injection needle onto the carpule injector. Check the needle for patency.		1 point	-1 point
6.	Position the carpule system relative to the injection site (45° to the alveolar process of the maxilla/alveolar part of the mandible) from the palatine/lingual surface		1 point	-1 point
7.	Insert a needle into the mucosa at the level of the transition of the alveolar process to the palatine process on the upper		1 point	-1 point

	jaw/along the transitional fold from the lingual surface on the lower jaw		
8.	Insert the injection needle into the tissue to the required depth (to the periapical area)	1 point	-1 point
9.	Perform an aspiration test. If the aspiration test is negative, slowly infuse the anesthetic solution into the tissue.	1 point	-1 point
10.	Withdraw the injection needle from the tissue. Monitor the patient's condition. Wait for the anesthetic's latency period to take effect.	1 point	-1 point
11.	Ensure the effectiveness of the anesthesia (absence of pain sensitivity when exposed to an irritant).	1 point	-1 point
12.	Inform the patient about the completion of the procedure	1 point	-1 point
	Total	12 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Fixation of braces on the incisors of the upper/lower jaw

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis

C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems
C	GPC-10	Able to organize the nursing and paramedical care
C	GPC-11	Able to implement the principles of quality management in professional environment
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style
F	A/06.7	Organizational and administrative activities

	Action	Performed	Not Performed
1.	Inform the patient about the procedure. Ask for the patient's consent. Provide the patient with a disposable drape (on the chest).	1 point	-1 point
2.	Conduct an assessment of the plaster model of the patient's dentition	1 point	-1 point
3.	Using a pencil, mark the boundaries of the width of the vestibular surface of the incisor	1 point	-1 point
4.	Using a ruler, place at least two points, equidistant from the width boundaries, on the vestibular surface of the incisor	1 point	-1 point

5.	Using a pencil, draw the long axis of the tooth along the constructed points	1 point	-1 point
6.	Using a ruler, measure the height of the clinical crown of the incisor	1 point	-1 point
7.	Using a pencil and a ruler, mark a point (the middle of the height of the clinical crown of the incisor)	1 point	-1 point
8.	Remember the indicator	1 point	-1 point
9.	Using a pencil, draw a perpendicular to the long axis of the tooth through the marked point	1 point	-1 point
10.	Use hand sanitizer. Put on goggles. Put on a mask and examination gloves.	1 point	-1 point
11.	Ask the patient to open his mouth	1 point	-1 point
12.	Using a dental unit gun in the “air” mode, dry the tooth surface.	1 point	-1 point
13.	Apply the contents of the syringe with etching gel to the area of the point that is the intersection of two lines drawn on the vestibular surface of the tooth: - in case of fixation on a natural tooth crown, use a syringe with orthophosphoric acid, - in case of fixation on a metal-ceramic tooth crown, use a syringe with hydrofluoric acid	1 point	-1 point
14.	Using a dental unit gun in the “water” mode, remove the etching gel from the tooth surface.	1 point	-1 point
15.	Using a dental unit gun in the “air” mode, dry the tooth surface.	1 point	-1 point
16.	Take the applicator. Apply the bond to the applicator: - in case of fixation on a natural tooth crown, use OrthoSolo bonding - in case of fixation on a metal-ceramic tooth crown, use a bonding agent for ceramics (silane)	1 point	-1 point
17.	Apply the bond using the applicator to the vestibular surface of the tooth, in the area of the point that is the intersection of two lines drawn on the vestibular surface of the tooth.	1 point	-1 point
18.	Using the dental unit gun in the “air” mode, inflate the bond over the tooth surface for 1 second.	1 point	-1 point
19.	- In case of bonding to a natural tooth crown: put on UV protection glasses and, using an LED lamp, cure the bond for 5 seconds, then remove the UV protection glasses. - In case of fixation on a metal-ceramic dental crown: dry the bond with a strong stream of air, using a gun for a dental unit in the “air” mode for 3 seconds	1 point	-1 point
20.	Open the kraft paper bag and remove the reverse-action tweezers. Remove the bracket using the reverse-action tweezers.	1 point	-1 point
21.	Take a spatula. Using the spatula, apply the dental material to the surface of the bracket base. Set the spatula aside.	1 point	-1 point
22.	Place the bracket on the tooth. Position the bracket in the center of the clinical crown of the tooth.	1 point	-1 point
23.	Open the kraft paper bag and remove the probe. Remove excess material using the probe. Set the probe aside.	1 point	-1 point
24.	Open the paper bag and remove the positioner. Find the numerical value on the positioner (the midpoint of the incisor's clinical crown height) and match it with the bracket installed on the tooth. Set the positioner aside.	1 point	-1 point

25.	Put on UV protection glasses. Using the LED lamp, expose the material to light for 40 seconds. Set the LED lamp aside. Remove the UV protection glasses.	1 point	-1 point
26.	Take off gloves	1 point	-1 point
	Total	26 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Definition of Nikolsky's sign in acantholytic pemphigus of the oral cavity

C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
C	UC-2	Able to manage all stages of the project life cycle
C	UC-3	Able to organize and manage teamwork, develop a team strategy to achieve the project's goals
C	UC-4	Able to apply modern communicative technologies, including those that require the knowledge of foreign languages, for academic and professional interaction
C	UC-5	Able to analyze cultural diversity and accommodate it in cross-cultural interaction
C	UC-6	Able to identify and focus on professional priorities as well as improve them using self- assessment and lifelong education
C	UC-7	Able to maintain the proper level of physical fitness to ensure efficient social and professional activities
C	UC-8	Able to create and maintain safe living conditions in everyday and professional life to preserve the natural environment and ensure sustainable development of society, including the imminent or actual emergency cases and military conflicts
C	UC-9	Able to use basic knowledge of defectology in social and public spheres
C	UC-10	Able to make informed economic decisions in various areas of life
C	UC-11	Able to form an intolerant attitude towards manifestations of extremism, terrorism, corrupt behavior and counteract them in professional activities
C	GPC-1	Able to implement moral and legal norms, ethical and deontological principles in professional areas
C	GPC-2	Able to analyze the results of professional activities to prevent professional errors
C	GPC-3	Able to prevent the usage of performance-enhancing substances in sports and actively fight against the use of such substances
C	GPC-4	Able to carry out and monitor the efficiency of measures aimed to prevent diseases, maintain healthy lifestyle as well as educate population about hygiene
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
C	GPC-8	Able to use basic physical, chemical, mathematical and natural science concepts and methods dealing with professional problems
C	GPC-9	Able to evaluate morphofunctional and physiological conditions as well as pathological processes in the human body to solve professional problems

C	GPC-10	Able to organize the nursing and paramedical care
C	GPC-11	Able to implement the principles of quality management in professional environment
C	GPC-12	Able to implement and monitor the effectiveness of a dental patient's medical rehabilitation
C	GPC-13	Able to solve professional tasks using information, bibliographic resources as well as medical and biological terminology, information and communication technologies complying with the information security requirements
C	PC-1	ability and willingness to implement activities aimed at diagnosing dental diseases using digital health methods
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
C	PC-3	ability to develop, implement and improve the effectiveness of rehabilitation programs for dental patients
C	PC-4	ability and readiness to conduct preventive medical examinations, dispensary exam and dispensary follow-up of patients with dental pathology
C	PC-5	ability to conduct educational activities to eliminate the risk factors for dental health and develop healthy lifestyle skills
C	PC-6	ability and willingness to evaluate the quality of dental care applying basic medical and statistical indicators
F	A/01.7	Patient examination. Making a diagnosis
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
F	A/03.7	Developing, implementing and monitoring the individual rehabilitation programs effectiveness
F	A/04.7	Implementing and monitoring the effectiveness of sanitary, anti-epidemic and other preventive measures to protect public health
F	A/05.7	Educating population and medical care providers about hygiene and healthy life style
F	A/06.7	Organizational and administrative activities

	Action	Performed	Not Performed
1.	Use forceps to grasp the blister cap or the upper layer of epithelium at the edge of the erosion and pull it, which will cause the epithelial film to peel off on the apparently unchanged oral mucosa.	1 point	-1 point
2.	The thin epithelial film is very fragile and can be easily cut with forceps.	1 point	-1 point
3.	Next, rub the apparently unchanged oral mucosa between the affected areas, which will lead to the rapid formation of blisters or erosions	1 point	-1 point
4.	Then rub the areas located far from the affected area, this will peel off the upper layers of the epithelium	1 point	-1 point
5.	Enter the severity of acantholysis into the dental patient's chart.	1 point	-1 point
	Total	6 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed