

**Evaluation tools for conducting attestation  
in the discipline "Children's maxillofacial surgery"  
for students of the year 2021 admission  
by educational program  
31.05.03 Dentistry,  
profile Dentistry  
(specialty)  
form of study full-time  
for the 2025-2026 academic year**

4.1. Evaluation tools for conducting current certification in the discipline

Current certification includes the following types of tasks: testing, solving situational problems, evaluating the development of practical skills, and interviewing control questions.

4.1.1. Examples of test tasks.

Verifiable indicators of competence achievement: OPK-6.1.3, OPK-12.1.3, OPK-13.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-2.1.1, PC-2.1.2, PC-2.1.3; PC-5.1.2.

1. The guide method of anesthesia on the upper jaw includes anesthesia

a) torus line

b) mandibular

**c) tuberal**

2. The main method of local anesthesia for the removal of temporary teeth of the upper jaw is anesthesia

a) tuberal

b) infra-orbital

**c) infiltration system**

d) intraosseous

3. Complications during tooth extraction include:

**a) root fracture**

b) alveolitis

c) late bleeding

**d) dislocation of the adjacent tooth**

**e) injury to the tooth of the opposite jaw**

4. In acute purulent periostitis, the causal milk molar is removed

**a) always**

b) according to the indications

5. Etiology of osteomyelitis prevails in children

a) post-traumatic

**b) odontogenic**

c) hematogenic

6. Treatment of retention cyst of the small salivary gland is recommended by the method of

**a) surgical**

b) radiation therapy

c) sclerosis

7. A true benign tumor is

a) fibrous dysplasia

b) exostosis

c) near-root inflammatory cyst

**d) osteoclastoma**

e) traumatic bone cyst

8. Anatomical disorders that occur with a congenital complete cleft of the upper lip include:

**1) deformity of the skin and cartilage of the nose**

2) violation of sucking

3) rhinolalia

9. Speech disorders in congenital latent cleft of the soft and hard palate are caused by

**1) shortening of the soft palate**

## 2) expansion of the middle pharynx

### 3) ankyloglossia

10. An indication for the removal of a super-complete retained tooth is

a) its detection

b) its formed root

### c) retention or dystopia of complete teeth

4.1.2. Examples of situational tasks.

Verifiable indicators of competence achievement: OPK-5.2.1, OPK-5.2.2, OPK-5.2.3, OPK-5.2.4, OPK-6.2.1, OPK-6.2.2, OPK-6.2.3, OPK-9.2.1, OPK-12.2.1, OPK-12.2.2, OPK-12.2.3, PC-1.2.1, PC-1.2.2, PC-2.2.1, PC-2.2.2, PC-2.2.3, PC-3.2.1, PC-3.2.2, PC-3.2.3, PC-5.1.2.

1. Parents applied to the polyclinic about a small education in a 5-year-old child, noticed 2 months ago, the appearance is associated with an injury. On examination: the neoplasm is rounded in shape, rising above the level of the mucous membrane, the surface is smooth, transparent contents show through, soft consistency, painless on palpation. Make a preliminary diagnosis. Please indicate the possible causes of the formation and the primary location of this pathology. Choose a treatment method.



Answer: Retention cyst of the lower lip. Atresia of the excretory duct of the gland as a result of trauma or chronic inflammation. More often localized on the mucous membrane of the lower lip, tongue, cheeks, less often on the upper lip. The main method of treatment is surgical. Remove part of the mucous membrane and the cyst with the gland.

2. Patient D., 5 years old, is referred to the dentist by a speech therapist. Complaints (according to parents): on violation of sound reproduction. Objectively: limited mobility of the tongue, the frenulum is attached to the tip of the tongue, its mobility is limited during palpation. Make a diagnosis. Make a treatment plan for your child.



Answer: shortened tongue bridle. Plastic frenulum of the tongue, myohymnastics, classes with a speech therapist.

#### 4.1.3. Examples of practical skills assessment tasks

Verifiable indicators of competence achievement: OPK-8.3.1, OPK-9.3.1, PC-2.3.1, PC-2.3.2, PC-2.3.3, PC-4.3.1, PC-4.3.2, PC-4.3.3, PC-7.1.3.

Perform temporary tooth extraction for a child with chronic periodontitis. (on the phantom)

Algorithm of actions:

1. Perform antiseptic treatment of hands;
2. Perform an examination of the tooth to be removed, the degree of mobility, the condition of the crown, etc.;
3. Assemble a set of surgical instruments to remove a temporary tooth;
4. Perform application anesthesia depending on the group of teeth belonging
5. After 1-2 minutes, perform infiltration or conduction anesthesia using a carpool syringe, anesthetic (Sol. Ultracaini 1,7 ml);
6. Apply forceps, fix the cheeks;
7. Perform rotation/luxation of the tooth;
8. Perform extirpation of this tooth;
9. Monitor the formation of a blood clot (hemostasis) for 5 minutes; Give postoperative recommendations to parents.

2. Opening of a subperiosteal abscess from the vestibular surface of the alveolar process of the upper jaw in a child (on a phantom)

Material support: disposable syringe; anesthetic solution ("Ultracaine DS"); surgical tweezers; Farabeuf hook Φαραβέφα; scalpel; Mikulich clamp; sterile gloves; gauze sterile swabs; drainage

The doctor is located to the right and front of the patient. The child is sitting in a chair with his head thrown back.

Execution technique:

- 1) after preliminary anesthesia, the cheek is removed on the side of the manipulation of the Farabeuf hook Φαραβέφα;
- 2) the doctor holding the scalpel is in the doctor's right hand. Its sharp end should be directed to the surface of the bone, and not to the soft tissues of the cheek or lip;
- 3) opening of tissues during the period of replacement bite on the upper jaw is carried out above the transition fold and parallel to it. Dissect the mucous membrane and periosteum, starting from the distal pole of the focus of inflammatory infiltrate to the medial pole, within two or three teeth;
- 4) peel off the periosteum from the cortical layer of the bone, inserting the Mikulich clamp into the wound until it comes into contact with the bone, and separate its ends within the wound;
- 5) after evacuation of purulent exudate, a rubber band is inserted into the wound-a graduate (drainage).

#### 4.1.6. Examples of control questions for an interview

Verifiable indicators of competence achievement: CC-11.3.1, CC-11.3.2; MIC-1.2.1, MIC-1.2.2, MIC-1.2.3, OPK-5.2.1, OPK-5.2.2, OPK-5.2.3, OPK-5.2.4, OPK-6.1.3, OPK-6.2.1, OPK-6.2.2, OPK-6.2.3, OPK-9.2.1, OPK-12.1.3, OPK-12.2.1, OPK-12.2.2, OPK-12.2.3, OPK-13.1.2, PC-1.1.1, PC-1.1.2, PC-1.1.3, PC-1.1.4, PC-1.2.1, PC-1.2.2, PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-2.2.1, PC-2.2.2, PC-2.2.3, PC-5.1.2.

1. Etiological factors that cause the development of lymphadenitis in children. Classification of lymphadenitis. Clinical manifestations of lymphadenitis.
2. Tactics of treatment measures for lymphadenitis depending on the stage of the disease
3. Etiology and pathogenesis of acute periostitis and osteomyelitis of the jawbones in children. Specify the most common sources of odontogenic infection in children.
4. What diseases should be differentiated from acute odontogenic osteomyelitis?
5. Features of facial bone tumors in children. Classification.

#### 4.2. Evaluation tools for conducting intermediate certification in the discipline

Intermediate certification is carried out in the form of a test with an assessment.

Intermediate certification includes the following types of tasks: interview.

##### 4.2.3. List of interview questions

#	Questions for intermediate certification	Verifiable indicators of achievement of competencies
1.	Organization of children's surgery work. Equipment, tools, and rules for instrument sterilization.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2, PC-7.1.3
2.	Anesthesia of surgical interventions in children in polyclinic settings. Sedative training of the child	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
3.	Emergency and emergency care in dentistry.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
4.	Indications for the choice of analgesia method Features of performing the technique of local anesthesia in children of different ages.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
5.	Tooth extraction operation. Indications in childhood for the removal of milk and permanent teeth. Features of performing the technique of removing a baby tooth.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
6.	Lymphadenitis, abscess, phlegmon. Causes of development. Clinic. Diagnostics. Indications and organization of the child's hospitalization. Emergency surgical care in a polyclinic.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
7.	Periostitis of the jawbones. Causes of development. Clinic of acute and chronic odontogenic periostitis.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -

	Diagnosics. Methods of surgical treatment. Predicting the course and outcome of the disease.	12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
8.	Acute odontogenic osteomyelitis of the jawbones. Causes of development, clinic. Diagnosis and treatment. Organization and implementation of emergency surgical care for a child in a polyclinic.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
9.	Chronic osteomyelitis of facial bones. Causes of development. Clinical and radiological forms of the disease and their diagnosis. Indications for hospitalization. Prevention.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
10.	Hematogenic acute and chronic osteomyelitis in newborns and young children Features of the course. Diagnosis, clinic, and treatment. Prevention of acute and chronic hematogenic osteomyelitis	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
11.	Diseases of the salivary glands. Clinic of chronic parenchymal mumps. Diagnostosics, differential diagnostosics with other diseases	of OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
12.	Odontogenic inflammatory cysts of the jaws from milk and permanent teeth. Clinical and radiological picture. Diagnostic methods, treatment	methods OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
13.	Diseases of the temporomandibular joint in children. Classification. Diagnosis of primary bone diseases. Treatment outcomes	of OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
14.	Functional musculoskeletal diseases. Pain syndrome clinic, joint and muscle dysfunction. Methods and principles of treatment	of OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
15.	Damage to teeth and soft tissues of the face and neck. Causes of injury, clinic, diagnostic methods, providing assistance in a polyclinic. Indications for hospitalization. Rehabilitation of a child after injury	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
16.	Fractures of the upper and lower jaw and other bones of the facial skeleton	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
17.	Tumors and tumor-like processes of soft tissues, mouth and face. Congenital neoplasms. Vascular neoplasms. Clinic, diagnosis, and choice of treatment tactics. Treatment outcomes.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
18.	Tumors and tumor-like processes of facial bones in children. Clinic of certain nosological forms of benign neoplasms. Features of diagnosis and treatment of facial bone tumors	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
19.	Malignant tumors of soft tissues and bones of the face. Clinic. Features of diagnostosics. Organization of treatment of children with malignant tumors.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
20.	Outpatient operations in the oral cavity: elimination of short bridles of the tongue and upper lip, small vestibule	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
21.	Congenital cleft upper lip and palate. Clinical classification of cleft lip and palate. Clinic. Diagnostosics. Methods of treatment.	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -9.2.1, OPK -12.1.3, OPK -12.2.1, OPK -12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
22.	Functional disorders in the child's body with	OPK-6.2.1, OPK -6.2.2, OPK -6.2.3, OPK -

	congenital malformations of the lip and palate Principles of medical examination and rehabilitation of children with cleft lip and palate	9.2.1, OPK -12.1.3, OPK -12.2.1, OPK - 12.2.2, OPK -12.2.3, OPK -13.1.2. PC-2.1.1, PC-2.1.2, PC-2.1.3, PC-5.1.2.
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Head of the Department



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