

**Assessment tools for conducting attestation
in discipline «Selected Dental Surgery Issues»
for students of 2022 year of admission
under the educational programme
cipher 31.05.03 Dentistry,
specialisation (profile) Dentistry
(Specialist's),
form of study full-time
for the 2025-2026 academic year**

1. Assessment tools for conducting ongoing assessment in the discipline

The ongoing assessment includes the following types of tasks: testing, solving situational tasks, a test, preparing a report, an interview on control questions, assessment of the development of practical skills (abilities).

1.1. Examples of test tasks

Verifiable indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-3.1.1; ПК-3.2.1; ПК-7.1.1; ПК-7.2.1.

1. Which instrument is most commonly used to remove impacted third molars (wisdom teeth) in the mandible?

- 1) S-shaped forceps with a spike
- 2) straight elevator
- 3) bayonet (angled) elevator (+)
- 4) periodontal curette
- 5) straight forceps

2. Which of the following methods is the main method for atraumatic tooth extraction in order to preserve bone tissue and soft tissues?

- 1) using forceps with active force application and tooth rocking
- 2) using periostomes and luxators for delicate tearing of the periodontal ligament (+)
- 3) quickly removing the tooth using a direct elevator without first separating the gums
- 4) loosening the tooth with forceps using the maximum amplitude of movements
- 5) using a piezosurgical device for precise separation of the tooth from the bone

3. Which technique helps to preserve soft tissues during atraumatic tooth extraction?

- 1) rough detachment of the gingiva with a plectrum before extraction
- 2) use of an ultrasonic scalpel (piezosurgery) for precise incisions (+)
- 3) use of forceps with wide jaws to capture the crown and gingiva
- 4) sharp dislocation of the tooth without prior separation of the gingival margin
- 5) incision of the gingiva with a scalpel followed by suturing

4. Which method of surgical preparation of the oral cavity for prosthetics is used in case of insufficient height of the alveolar ridge?

- 1) gingivectomy
- 2) alveoloplasty (+)
- 3) frenuloplasty

- 4) removal of retained teeth
- 5) sinus lifting

5. What stage of surgical preparation for prosthetics is necessary in the presence of a hypertrophied gums interfering with the fixation of the prosthesis?

- 1) removal of exostoses
- 2) gingivoplasty (+)
- 3) osteoplasty
- 4) lengthening of the crown part of the tooth
- 5) plastic of the mouth vestibule

6. Which of the following suture materials has the greatest inertness and minimal tissue reaction, making it preferable for dental implantation?

- 1) silk
- 2) catgut
- 3) PGA (polyglycolic acid)
- 4) polypropylene (+)
- 5) vicryl

7. Which suture material is preferred for suturing the oral mucosa in case of delayed suture removal?

- 1) silk
- 2) nylon
- 3) vicryl (resorbable) (+)
- 4) nylon
- 5) dacron

8. Which method of removing a retained lower third molar is the safest to prevent damage to the mandibular nerve?

- 1) using only forceps with significant force
- 2) separating the roots with a drill and then removing them in parts (+)
- 3) using a direct elevator without first separating the roots
- 4) completely removing the tooth as a single unit without segmentation
- 5) not removing it if there are no symptoms

9. What is the key step in performing a root apicoectomy to ensure a successful outcome?

- 1. Massive osteotomy to create a large surgical access
- 2. Thorough sealing of the root canal 24-48 hours before surgery (+)
- 3. Complete removal of the tooth's periodontal ligament
- 4. Obligatory removal of 1/3 of the root length
- 5. Suturing without wound drainage

10. Which method of tooth socket preservation is the most effective for preventing bone tissue atrophy when planning subsequent implantation?

- 1) filling the socket with a blood clot without additional interventions
- 2) using bioactive osteoplastic materials (+)

- 3) suturing the mucoperiosteal flap without filling the socket
- 4) using resorbable collagen membranes without adding material
- 5) temporary prosthetics with a removable prosthesis with immediate loading

1.2. Examples of situational tasks

Verifiable indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-2.3.1; ПК-3.1.1; ПК-3.2.1; ПК-3.3.1; ПК-7.1.1; ПК-7.2.1; ПК-7.3.1.

Task 1.

Patient M., 35 years old, complains of constant aching pain in tooth 1.2, which increases when biting down, and the presence of a fistula with purulent discharge.

Anamnesis: the tooth was treated 2 years ago for chronic granulomatous periodontitis, and the symptoms worsened 3 weeks ago. Objectively: tooth 1.2 - the crown is intact, percussion is painful, and mobility is of the first degree. On the mucous membrane in the projection of the root apex, there is a fistula with serous-purulent exudate. On CLCCT, there is a focus of bone tissue destruction (5×7 mm) at the root apex, and the root canal is not filled to the apex.

Questions:

1. Justify the indications for root apex resection.
2. Create a surgical plan (steps, instruments, and materials).
3. What anatomical structures are at risk during intervention on tooth 1.2?
4. List the possible intra- and postoperative complications.

Answers:

1. Indications for resection: chronic granulomatous periodontitis with ineffective conservative treatment, insufficient root canal obturation (underfilling), the presence of a fistula and a focus of bone destruction.

2. Operation plan:

Preparation: Repeated root canal filling (24-48 hours before surgery). Anesthesia: infiltration (including the palatal area).

Surgical procedure: trapezoidal mucoperiosteal flap, osteotomy with access to the apex, 2-3 mm root resection, granulation curettage, retrograde MTA filling (if necessary), and suturing.

3. Anatomical structures at risk: nasal floor (risk of perforation), vessels and nerves of the palatine canal.

4. Complications: intraoperative: bleeding, nasal floor perforation. Postoperative: swelling, hematoma, and cyst recurrence.

1.3. Examples of test questions

Verified indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-3.1.1; ПК-3.2.1; ПК-7.1.1; ПК-7.2.1.

1. List the main measures aimed at preventing complications after tooth extraction on the part of the surgeon (intraoperative prevention).
2. Give recommendations to the patient on how to care for the tooth extraction site (post-operative instructions).
3. Explain why active mouth rinsing is contraindicated in the first 24-48 hours after extraction.
4. What factors influence the choice of pain relief method (local anesthesia, sedation, general anesthesia)?
5. Justify the need for antibiotic therapy in the postoperative period. In what cases is it mandatory?

1.4. Examples of report topics

Verifiable indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-3.1.1; ПК-3.2.1; ПК-3.3.1; ПК-7.1.1; ПК-7.2.1.

1. Surgical access in apical microsurgery. Features of the formation of a mucoperiosteal flap.

2. Root apex resection and apicoectomy: technique, cutting angle, and the importance of airtightness.
3. Surgical preparation of the oral cavity for prosthetics: goals, objectives, and content.
4. Removal of third molars: planning, instrumentation, indications, and contraindications.
5. Stages of healing of the tooth socket after removal: histology, timing, and complications.

1.5. Examples of interview control questions

Verifiable indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-3.1.1; ПК-3.2.1; ПК-7.1.1; ПК-7.2.1; ПК-7.3.1.

1. Surgical instruments for the removal of third molars.
2. Types of flaps. Technique of formation and requirements for the mucoperiosteal flap.
3. The tactics of the dentist-surgeon in relation to torus and exostosis in preparation for prosthetics.
4. Histological changes in the bone tissue of the socket on the 1st, 3rd, 7th day and 1-3 months.
5. Key components of equipment for apical microsurgery (instruments and equipment).

2. Assessment tools for students' independent work

Independent work is carried out at the VolgSMU EIOP and involves preparing reports on the thematic plan for independent work for the semester.

2.1. Example of self-study questions

Verifiable indicators of competence achievement: ПК-2.1.1

№	Вопросы для докладов по самостоятельной работе	Проверяемые индикаторы достижения компетенции
1	Qualified extraction of third molars. Possible complications. Examination methods, modern technologies of radiation diagnostics.	ПК-2.1.1
2	Modern ideas about the morphological features of bone wound healing. Physiological and reparative regeneration of jaw bone tissue.	
3	Modern osteoplastic materials in surgical dentistry: characteristics, types, and indications for use.	

3. Assessment tools for conducting intermediate certification in the discipline

Intermediate certification is conducted in the form of a test.

Intermediate certification includes the following types of tasks: interview on questions for the test (Рспец_теор), solving a situational task (Рпа).

3.1. Example of questions for intermediate certification

Verified indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-2.3.1; ПК-3.1.1; ПК-3.2.1; ПК-3.3.1; ПК-7.1.1; ПК-7.2.1; ПК-7.3.1.

№	Вопросы для промежуточной аттестации	Проверяемые индикаторы достижения компетенции
1	Definition and differences between retinated and distopic teeth.	ПК-2.1.1; ПК-2.2.1; ПК-2.3.1;

2	Main indications for removing a third molar.	ПК-3.1.1; ПК-3.2.1; ПК-3.3.1; ПК-7.1.1; ПК-7.2.1; ПК-7.3.1.
3	Stages of complex tooth removal.	
4	Absolute and relative contraindications for removing third molars.	
5	Surgical instruments for removing third molars.	
6	Technique for performing conduction and infiltration anesthesia for removing wisdom teeth in the upper and lower jaw.	
7	Types of flaps. Technique for forming and requirements for a mucoperiosteal flap.	
8	Imaging methods for removal planning: orthopantomogram (OPTG), computed tomography (CT).	
9	Classification of suture material.	
10	Types of sutures and their application.	
11	Definition, goals, and objectives of atraumatic removal.	
12	Biological width and its importance for further treatment	
13	Anatomy of the vestibulo-oral cortical plate. The importance of preserving its integrity	
14	Frenuloplasty and vestibuloplasty in preparing the oral cavity for prosthetics.	
15	Gingivoplasty and gingivectomy in preparing the oral cavity for prosthetics.	
16	The tactics of a dental surgeon in relation to torus and exostosis in preparation for prosthetics.	
17	Alveoloplasty: definition, types, and methods of implementation.	
18	Surgical preparation of the oral cavity for prosthetics: definition, goals, and objectives.	
19	Key components of equipment for apical microsurgery (instruments and equipment).	

20	Indications and contraindications for apical microsurgery.	
21	Stages of normal healing of the tooth socket after tooth extraction.	
22	The role of the blood clot in the healing process of the socket.	
23	Histological changes in the bone tissue	
24	Wound epithelization: histology, temporal characteristics.	
25	Alveolitis: clinic, diagnostics, treatment.	

3.2. Example of a situational task for intermediate certification

Verified indicators of competence achievement: ПК-2.1.1; ПК-2.2.1; ПК-2.3.1; ПК-3.1.1; ПК-3.2.1; ПК-3.3.1; ПК-7.1.1; ПК-7.2.1; ПК-7.3.1.

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Department of Surgical Dentistry and Oral and Maxillofacial Surgery
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direction (profile) Dentistry (specialization),
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SITUATIONAL TASK № 4

Patient S., 28 years old, visited a dental clinic with complaints of pain in the lower wisdom tooth on the right, which intensified when chewing, and of occasional gum inflammation. The symptoms have been present for 3 months. On examination of the oral cavity, tooth 4.8 was found to be retraced, positioned horizontally, and partially covered by a mucosal hood. Palpation of the retro-molar area was painful, and the mucosa was swollen.

Questions:

Make a diagnosis:

1. pericoronitis 4.8,
2. periodontitis 4.8,

3. periostitis,

4. periodontitis 4.8

What additional diagnostic methods can be used in this case? Make a plan of the operation. Justify the method of anesthesia. What measures of prevention of alveolitis will you assign?

Head of the Department, Associate Professor _____ Yarygina E.N..

The full set of assessment tools for the discipline is available in the EIOS of VolgSMU at the following link(s):

<https://elearning.volgmed.ru/course/view.php?id=12171>

<https://elearning.volgmed.ru/course/view.php?id=11844>

<https://elearning.volgmed.ru/course/view.php?id=12173>

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Head of the Department



Е.Н.Ярыгина