



SYLLABUS

АУЫЗ ҚУЫСЫ ХИРУРГИЯСЫНЫҢ НЕГІЗДЕРІ

BASICS OF ORAL SURGERY ОСНОВЫ ХИРУРГИИ полости рта

1. General information about the discipline			
1.1 Faculty/School: Higher School of Medicine	1. 6	Credits (ECTS): 6 credits - 180 hours - 90 hours contact	
1.2 Educational Program (OP): 6B10113-DENTISTRY 6B10113-DENTISTRY 6B10113- DENTISTRY	1. 7	Prerequisites: Оперативті стоматология/Operative dentistry Post-requirements: Bas zhane moyin aurulary / Diseases of the head and neck/Diseases of the head and neck Zhak-bet surgeriyasy/Maxillofacial surgery / Maxillofacial surgery	
1.3 Agency and year of accreditation of OP NAAR 2023	1. 8 8	SRS/SRM/SRD (qty): 60 hours	
1.4 Auyz kuysy surgeriyasyn negizderi/Fundamentals of Oral Surgery / Fundamentals of Oral Surgery	1. 9	SRSP/SRMP/CPD (qty): 30 hours	
1.5 ID Discipline ID: Discipline Code	O H P R 3 2 0 8 1. 1 0	Required -Yes	
2. Discipline description			

	The discipline develops knowledge, practical and communication skills on the organization of surgical dental care for the population, features of clinical examination of a dental patient of a surgical profile, diagnosis, differential diagnosis of diseases, outpatient dental surgical care for patients.		
3	Objective of the discipline		
	The aim is to train a specialist who has the knowledge and skills to diagnose and treat a surgical patient, assess the factors that determine it; systems that ensure the preservation, strengthening and restoration of public health; demonstrate communication skills, teamwork skills, organization and management of the diagnostic and therapeutic		
processes.	Results of training (RO) in the discipline (3-5)		
	RO of the discipline		RO for the educational program, which is associated with the RO for the discipline (RO number from the OP passport)
1	1Demonstrate knowledge of inflammatory processes and injuries of the maxillofacial region, identify andinterpret clinical symptoms and syndromes, and use laboratory and instrumental methods to study patients with inflammatory diseases of the maxillofacial region.	Proficiency level-3	Apply knowledge on inflammatory processes and injuries of the maxillofacial region for an effective treatment and diagnostic process in compliance with the principles of ethics and deontology; demonstrate skills in teamwork, organization and management of the diagnostic and therapeutic process;
2	2 Possess the skills of basic medical treatment and diagnostic and preventive measures to provide medical care to the population with inflammatory	diseases. Level of proficiency - 44	Andinterpret clinical and laboratory results of examination of a surgical patient at a surgical appointment with the most common inflammatory diseases of CHLO;analyze, evaluate and identify symptoms and syndromes with operational skills
3	3demonstrate skills to integrate knowledge and skills to ensure an individual approach in the treatment of a particular patient with CHLO diseases to make professional decisions based on the analysis of the rationality of diagnostics and the principles of evidence-based medicine.	Proficiency level-3	Provide medical care for common surgical diseases in patients of all age groups, maintain a healthy lifestyle
4	4 Perform the technique of tooth extraction operations on the phantom and on a volunteer, under the supervision of a teacher, taking into account knowledge of indications and contraindications and possible complications during the procedure.	Proficiency level - 4	Determine indications and contraindications for dental extraction operations, perform extraction operations on a volunteer or a phantom in a simulation center
5	5 Plan and perform treatment of surgical dental patients in an outpatient clinic and day hospital with inflammatory processes of CHLO:	Proficiency	Apply the following methods: knowledge of planning and implementing treatment of surgical dental patients in outpatient and day hospital settings with CHLO

	performing incisions for purulent processes and providing specialized care for dental injuries;	level - 4	inflammatory processes, provide specialized care for CHLO inflammatory processes with dental injuries, perform incisions for purulent
CH LO pro ces ses 6	ДемонстрирDemonstrate communication skills, teamwork skills, effectively transmit medical information in oral and written form	Level of proficiency - 3	Э. Effectively build dynamic doctor-patient relationships that occur before, during, and after medical treatment; effectively communicate medical information verbally and in writing to provide safe and effective patient care; work effectively in an interprofessional / multidisciplinary team with other healthcare professionals;
5. Summative assessment methods (please note (yes-no) / specify your own):			
5.1	Тестирование по MCQ software testing for understanding and application	Research project NIRS	
5.2	Passing practical skills-miniclinical exam (MiniCex)	360 grade-behavior and professionalism	
5.3	SRS-creative task	Border control: Stage 1-MCQ testing for understanding and application Stage 2-passing practical skills (miniclinical exam (MiniCex)	

6.	Detailed information about the discipline			
6.1	Academic year: 2025-2026	6.3.3	Schedule (class days, time): From 8.00 to 14.00	
6.2.2	Semester: 2nd semester	6.4	Place (academic building, office, platform and link to the meeting of training with the use of DOT):	
7. Discipline leader				
Position	Full name	Department	Contact information (tel., e-mail)	Consultations before exams
Associate Professor,	Rysbaeva Zh. I.	Dentistry		Before the examination sessions within 60 minutes

Candidate of Medical Sciences				
8.	Content of the discipline			
	Title of the topic		Number of hours	Form of conducting
1.	Organization and equipment of the surgical department (office) of a dental polyclinic. Modern methods of comprehensive examination of a surgical dental patient. Tools.		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work in albums 3. Mini-conference topics SRS
2.	Tooth extraction operation. Indications and contraindications. Tools for dental extraction operations. Method of removing individual groups of teeth and roots on the upper and lower jaws. Atypical methods of tooth extraction. Access selection.		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Working on phantoms 3. Working in albums
3.	Complications during and after dental extraction. Clinic, diagnosis, and prevention. Alveolitis. Clinic, treatment, prevention. Treatment of the wound after tooth extraction, follow-up care. Features and stages of hole healing		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work on phantoms 3. Work in the albums
4.	Acute and chronic periodontitis. Clinic, diagnostics, principles of complex treatment. Ways of spreading odontogenic infection. Surgical methods for the treatment of chronic forms of periodontitis		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work on phantoms 3. Work in the albums
5.	Acute and chronic periostitis of the jaws. Clinic, diagnostics, principles of complex treatment. Surgical methods for the treatment of jaw periostitis		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work on phantoms 3. Work in albums
6.	Odontogenic maxillary sinusitis. Clinic, diagnosis, and treatment. Perforation and fistulous passage of the maxillary sinus. Principles of diagnosis and treatment.		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work on phantoms 3. Work in the albums
7.	Acute and chronic odontogenic osteomyelitis of the jaws. Etiology, pathogenesis, clinic. Principles of diagnosis and treatment		6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Working on phantoms 3. Working in albums

			4. Mini-conference topics of the SRS
8.	Milestone control 1		Summative assessment 2 stages: Stage 1-тестирование по MCQ training for understanding and application - 40% Stage 2-Practical Skills Acquisition (Dops) - 60%
9	Teething diseases. Dystopia, retention, difficult eruption of the lower third molar. Principles of diagnosis and treatment. Complications of obstructed eruption of the lower third molar	6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Working on phantoms 3. Working in albums
10.	Acute and chronic non-specific inflammatory diseases of the salivary glands. Methods of examination of patients with diseases of the salivary glands. Principles of diagnosis and treatment	6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Working on phantoms 3. Working in albums
11	Dislocations and fractures of teeth. Fractures of the alveolar process. Dislocations of the lower jaw. Diagnosis and treatment.	6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work on phantoms 3. Work in albums 4. Mini-conference topics SRS
12	Damage to the soft tissues of the face, oral cavity. Features of primary surgical treatment of facial wounds.	6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Working on phantoms 3. Working in albums 4. Mini-conference topics SRS
13	Periodontal recessions. Plasty with a mucoperiosteal flap. Flap operations. Osteogingivoplasty. Surgical methods in the complex treatment of periodontal diseases.	6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Working on phantoms 3. Working in albums 4. Mini-conference topics SRS
14	Surgical preparation of the oral cavity for prosthetics. Indications for the procedure. Methodology. Prevention of complications	6	Formative assessment: 1. Using active методов learning methods: TBL, CBL 2. Work in albums 3. Mini-conference topics SRS
15	Boundary control 2		Summative assessment 2 stages: 1st stage-тестирование по MCQ training for understanding and application - 40% 2-2nd stage-Practical Skills Admission (Dops) - 60%

Final control (exam)		Summative evaluation: 2 stages: Stage 1 - тестирование по MCQ teasing for understanding and application-40% Stage 2 – OCE-60%
Total		100
9.	Teaching methods in the discipline (briefly describe the teaching and learning approaches that will be used in teaching) Using active learning methods: TBL, CBL	
1	Methods of formative assessment: TBL-Team Based Learning CBL-Case Based Learning	
2	Methods of summative assessment (from point 5): 1. MCQ testing for understanding and application 2. Passing practical skills – miniclinical exam (MiniCex) 3. SRS-creative task 4. Protecting your medical history 5. R & D Research Project	
10.	Summative	
asses smen t No	. of the control form	Weight in % of total %
1	Reception of practical skills	30% (evaluated according to the checklist)
2	Border control	70%
Total RC1		30 + 70 = 100%
1	Oral response	20% (evaluated by checklist)
2	Klassroom	10% (evaluated by checklist)
3	R & D research project	10% (estimated on the checklist)
5	Milestone control	60% (Stage 1-тестирование по MCQ teasing for understanding and application-40%; 2-Stage 2-mini clinical exam (MiniCex) - 60%)

Total RC2		20+10+10 + 60 = 100%	
9	The exam	has 2 stages: 1st stage-тестирование по MCQ teasing for understanding and application - 40% 2-2nd stage-OCE with SP - 60%	
10	Final grade:	ORD 60% + Exam 40%	
10.	Evaluation		
Score Letter system	score Digital equivalent	Points (% content)	Description of the assessment (changes can only be made at the level of the decision of the Academic Quality Committee of the Faculty)
A	4.0	95-100	Great. Exceeds the highest task standards.
A -	3.67	90-94	Excellent. Meets the highest standards of the task.
At+	3.33	85-89	Is Good. Very good. Meets the high standards of the assignment.
In	3.0	, 80-84	Is Good. Meets most job standards.
B-	2.67	75-79	Good. More than enough. Shows some reasonable knowledge of the material.
C+	2.33	70-74	Is Good. Acceptable. Meets the main task standards.
From	2.0	65-69	Satisfactory. Acceptable. Meets some of the main task standards.
C-	1.67	60-64	Satisfactory. Acceptable. Meets some of the main task standards.
D+	1,33	55-59	Satisfactory. Minimally acceptable.
D	1,0	50-54	Satisfactory. Minimally acceptable. The lowest level of knowledge and task completion.
FX	0,5	25-49	Unsatisfactory. Minimally acceptable.
F	0	0-24	Unsatisfactory. Very low productivity.
11.	Training resources (use the full link and indicate where you can access the texts/materials)		
Literature : Basic	Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il.		

	<p>Surgical dentistry(new edition). Robustova T..G.Publishing House: Meditsina,2018. - 688s.</p> <p>D. Choudhury General Surgical Operations, 2017</p> <p>Urazalin Zh. B., Tuleuov K. T. Khirurgiyalyk stomatolgiya, Almaty, 2011</p> <p>V. V. Afanasyev Surgical dentistry Moscow: Odontogenic inflammatory diseases of the oral cavity: textbook. manual-M.: GEOTAR-Media, 2019. -.... p</p> <p>. 1. Google classroom-available in free access. 2. Medical calculators: Medscape, Doctor's Handbook, MD+Calc - freely available. 3. Handbook of diagnostic and treatment protocols for medical workers from RCRS, Ministry of Health of the Republic of Kazakhstan: Dariger - available in free access.</p> <p>Bernadsky Yu. I. Fundamentals of maxillofacial surgery and surgical dentistry. Moscow: Meditsina Publ., 2000, 404 p.</p> <p>Требования к Student requirements and bonus system</p>
Electronic resources	<p>http://elib.kaznu.kz/order-book. - ISBN 978-0-19-871931-1</p> <p>https://www.youtube.com/c/SciDrugs/videos -video lectures on pharmacology in Russian.</p>
Simulators in the simulation center	Dummy heads, jaws with teeth
	<p>Discipline policy Discipline</p> <p>policy is determined <u>by the Academic Policy of the University</u> and <u>the University's Academic Integrity Policy</u>. If the links do not open, then you can find up-to-date documents in the Univer IP.</p> <p>Professional behavior rules:</p> <p>Appearance: office style of clothing (shorts, short skirts, open T-shirts are not allowed to attend the university, jeans are not allowed in the clinic) clean ironed dressing gown medical mask medical cap (or a neat hijab without hanging ends) medical gloves change of shoes neat hairstyle, long hair should be gathered in a ponytail, or bun, both for girls and boys. Neatly cropped nails. Bright, dark manicure is prohibited. It is acceptable to cover your nails with clear varnish. badge with full name (in full) 2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)</p>

	<p>3) *Properly issued sanitary (medical) book (before the start of classes and must be updated in due time)</p> <p>4) * Availability of a vaccination passport or other document on a fully completed course of vaccination against COVID-19 and influenza</p> <p>5) Mandatory compliance with personal hygiene and safety regulations</p> <p>6) Systematic preparation for the educational process.</p> <p>7) Accurate and timely maintenance of accounting documentation.</p> <p>8) Active participation in medical-diagnostic and social events of departments.</p> <p>A student without a medical book and vaccination will not be allowed to see patients.</p> <p>Ca tudent that does not meet the requirements of its appearance and/or that emits a strong/pungent smell, since such a smell can provoke an undesirable reaction in the patient (obstruction, etc.) – is not allowed to patients!</p> <p>The teacher has the right to make a decision on admission to classes for students who do not meet the requirements of professional behavior, including the requirements of the clinical base!</p> <p>Academic discipline:</p> <p>You can't be late for classes or a morning conference. If you are late , the decision on admission to the lesson is made by the teacher leading the lesson. If there is a valid reason, inform the teacher about the delay and the reason by message or by phone. After the third delay, the student writes an explanatory note to the head of the department, indicating the reasons for the delay, and is sent to the dean's office for admission to the class. If you are late without a valid reason, the teacher has the right to withdraw points from the current assessment (1 point for each minute of delay). Religious events, holidays, etc. are not a valid reason for skipping, being late, or distracting the teacher and group from work during classes.</p> <p>If you are late for a valid reason – do not distract the group and the teacher from the lesson and go quietly to your seat.</p> <p>Leaving a class earlier than the scheduled time, or being outside the workplace during school hours is considered a truancy.</p> <p>Additional work of students during school hours (during practical classes and duties) is not allowed.</p> <p>For students who have more than 3 passes without notifying the curator and a valid reason, a report is issued with a recommendation for expulsion.</p> <p>Missed classes are not processed.</p> <p>Students are fully subject to the Internal rules of the clinical bases of the department</p> <p>To greet the teacher and any older person by getting up (in class)</p> <p>Smoking (including the use of vapes, e-cigarettes) strictly prohibited on the territory of medical institutions (out-doors) and the university.</p> <p>Punishment-up to cancellation of border control, in case of repeated violation-the decision on admission to classes is made by the head of the department</p> <p>of Respect for colleagues, regardless of gender, age, nationality, religion, sexual orientation.</p> <p>Have a laptop / laptop / tab / tablet with you for training and passing MCQ tests on TBL, boundary and final controls.</p> <p>Сдача тестов Taking MCQ tests on telemobile phones and smartphones is strictly prohibited.</p> <p>The student's behavior during exams is regulated <u>by the "Rules for conducting final control"</u>, <u>"Instructions for conducting final control of the autumn / spring semester of the current academic year"</u> (current documents are uploaded to the Univer IC and updated before the session starts); <u>"Regulations on checking students ' text documents for borrowing"</u>.</p>
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Special software	<p>1. Constantly preparing for classes:</p> <p>For example, it supports statements with relevant links, makes brief summaries , demonstrates effective learning skills, and helps others</p> <p>learn 2. Take responsibility for your training:</p>
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	<p>For example, it manages its own training plan, actively tries to improve itself, and critically evaluates information resources</p> <p>3. Actively participate in the group's training:</p> <p>For example, they actively participate in discussions and are willing to take tasks</p> <p>4. Demonstrate effective group skills</p> <p>For example, it takes the initiative, shows respect and correctness towards others, and helps resolve misunderstandings and conflicts.</p> <p>5. Proficient communication skills with peers:</p> <p>For example, actively listens, and is receptive to nonverbal and emotional cues</p> <p>Respectful attitude</p> <p>6. Highly developed professional skills:</p> <p>Committed to completing assignments, looking for opportunities for more training, confident and qualified</p> <p>Compliance with ethics and deontology in relation to patients and medical staff</p> <p>Compliance with subordination.</p> <p>7. High introspection:</p> <p>For example, it recognizes the limitations of its knowledge or abilities without taking the defensive or rebuking others</p> <p>.8 Highly developed critical thinking:</p> <p>For example, the student demonstrates skills in performing key tasks, such as generating hypotheses, applying knowledge to cases from practice, critically evaluating information, making conclusions out loud, explaining the reflection process</p> <p>9. Fully complies with the rules of academic behavior with understanding, suggests improvements to improve performance.</p> <p>Adheres to the ethics of communication-both oral and written (in chats and messages)</p> <p>10. Fully adheres to the rules with full understanding of them, encourages other group members to adhere to the rules</p> <p>Strictly adheres to the principles of medical ethics and PRIMUM NON NOCER</p>
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12.	Discipline Policy
Bonus system:	
	For extraordinary achievements in the field of future professional activity (clinical, scientific, organizational, etc.), students can receive additional points up to 10% of the final assessment (by the decision of the department).
13.	
	Protocol No.
14	Signature
15.	
1. According to the Order of the Ministry of Education and Science of the Republic of Kazakhstan No. 17513 dated October 9, 2018 "On approval of the List of areas of training of personnel with higher and postgraduate education, training in which in the form of external and online training is not allowed"	

According to the above-mentioned regulatory document, specialties with the code **of health care disciplines**: bachelor's degree (6B101), master's degree (7M101), residency (7R101), doctoral studies, (8D101) - training in the form of external and online-training is **not allowed**.

Thus, students are prohibited from distance learning in any form. It is allowed only to work out a class in the discipline due to the absence of a student for a reason beyond his control and the availability of a timely confirmation document (for example: a health problem and an application for an approval document - a medical certificate, a NSR signal sheet, an extract from a consultation appointment with a medical specialist- врачу).

16.	Approval and review	
Acting Head of the Department		Abdikarimov S. Zh
. Academic Committee for the Quality of Education	Protocol no., date of approval	Kurmanova G. M.
Dean of the Higher School of Economics Kalmakhanov		S. B.

Thematic plan and content of classes

#	Topic	Contents	Literature	Form of implementation
1	Organization and equipment of the surgical department (office) of a dental polyclinic. Modern methods of comprehensive examination of a surgical dental patient. Tools.	<ol style="list-style-type: none"> 1. Requirements for a surgical dental office 2. Equipment of the surgical department (office) 3. Sanitary requirements for the surgical room 4. Disinfection methods and modes 5. Tools for the surgical dental office, operating room. Their purpose, application features 6. Modern methods of comprehensive examination of surgical dental patients. 	<p>1. Surgical dentistry(new edition). Robustova T.G.Publishing House: MeditsinaPubl.,2017, 688c p http://www.studentlibrary.ru/book/ISBN9785970437735.htmlhtml</p> <p>Online resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/</p>	Formative assessment: 1. TBL, CBL 2. Working on phantoms 3. Working in albums
2	Tooth extraction operation. Indications and contraindications. Tools for dental extraction operations. Method of removing individual groups of teeth and roots on the upper and lower jaws. Atypical methods of tooth extraction. Access selection.	<ol style="list-style-type: none"> 1. Indications for tooth extraction surgery 2. Contraindications to tooth extraction surgery 3. Features of removing individual groups of teeth 4. Removal of individual teeth in the upper jaw 5. Removal of individual teeth in the lower jaw 6. Atypical methods of tooth extraction 7. Access selection. 8. Wound care after tooth extraction 	<p>1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il. 2. Surgical dentistry(new edition). Robustova T.G.Publishing House: MeditsinaPubl.,2017, 688c</p> <p>Online resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативноelib/kaznu.kz/</p>	rating: 1. Using active methods learning methods: TBL, CBL 2. Work on phantoms 3. Work in albums 4. Mini-conference topics of SRS
3	Complications during and after dental extraction. Clinic, diagnosis, and prevention. Alveolitis. Clinic, treatment, prevention. Treatment of the wound after tooth extraction, follow-up care. Features and stages of hole healing	<ol style="list-style-type: none"> 1. Complications during tooth extraction, causes 2. Complications during dental extraction, diagnosis, treatment 3. Complications after dental extraction, causes 4. Complications after dental extraction, diagnosis, treatment 5. Clinic and etiology of alveolitis. Comprehensive treatment of alveolitis 6. Prevention of alveolitis 	<p>1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il.</p> <p>Internet resources: https://jirbis/kaznu.kz/jirbis2</p>	rating: 1. TBL, CBL 2. Work on phantoms 3. Work in albums

		7. Prevention of complications during dental extraction surgery	https://elib/kaznu.kz/Формативно_eelib/kaznu.kz/	
4	Acute and chronic periodontitis. Clinic, diagnostics, principles of complex treatment. Ways of spreading odontogenic infection. Surgical methods for the treatment of chronic periodontitis	1. Acute periodontitis. Etiology, clinic. 2. Diagnosis of acute periodontitis, principles of complex treatment. 3. Chronic periodontitis. Etiology, clinic. 4. Diagnosis of chronic periodontitis, principles of complex treatment. 5. Ways of spreading odontogenic infection, complications. 6. Surgical methods of treatment of chronic periodontitis	1. Surgical dentistry(new edition). Robustova T.G.PUBLISHING House: MeditsinaPubl., 2017, 688c Online resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/	Formative assessment: 1. Using TBL, CBL 2. Work on phantoms 3. Work in albums
5	Acute and chronic jaw periostitis. Clinic, diagnostics, principles of complex treatment. Surgical methods for the treatment of jaw periostitis	1. Classification of periostitis 2. Etiology and frequency of acute odontogenic periostitis of the jaws. 3. Examination and diagnosis of acute odontogenic periostitis of the jaws 4. Differential diagnosis, clinic of acute odontogenic periostitis of the jaws. 5. Principles of complex treatment of acute odontogenic periostitis of the jaws. 6. Surgical methods of treatment of acute odontogenic periostitis of the jaws 7. Complications of acute odontogenic periostitis of the jaws.	1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il. Internet resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/	Formative assessment: 1. TBL, CBL 2. Work on phantoms 3. Work in albums
6	Odontogenic maxillary sinusitis. Clinic, diagnosis, and treatment. Perforation and fistulous passage of the maxillary sinus. Principles of diagnosis and treatment.	1. Odontogenic maxillary sinusitis, frequency and etiology 2. Examination and diagnosis of odontogenic maxillary sinusitista 3. Clinic of odontogenic maxillary sinusitista 4. Clinic of perforation and fistula of the maxillary sinus. 5. Diagnosis of odontogenic maxillary sinusitista 6. Principles of diagnosis and treatment of maxillary sinusitis, perforation and fistula of the maxillary sinus	1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il. Internet resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативно_eelib/kaznu.kz/	rating: 1. TBL, CBL 2. Work on phantoms 3. Work in albums
7	Acute and chronic odontogenic osteomyelitis of the jaws. Etiology, pathogenesis, clinic. Principles of diagnosis and treatment	1. Classification of osteomyelitis 2. Etiology and frequency of odontogenic osteomyelitis of the jaws. 3. Examination and diagnosis of acute and chronic odontogenic osteomyelitis of the jaw 4. Differential diagnosis of osteomyelitis Clinic of acute odontogenic osteomyelitis of the jaw.	1 ..Surgical dentistry(new edition). Robustova T.G.PUBLISHING House: MeditsinaPubl., 2015, 688c Online resources: https://jirbis/kaznu.kz/jirbis2	rating: 1. Using TBL, CBL 2. Work on phantoms 3. Work in albums 4. Mini-conference topics SRS

		5. Clinic of chronic odontogenic osteomyelitis of the jaws. 6. Principles of complex treatment of osteomyelitis of the jaws. 7. Surgical methods of treatment of osteomyelitis of the jaws 8. Complications of osteomyelitis of the jaws.	https://elib/kaznu.kz/Формативно-елib/kaznu.kz/	
8	Boundary control 1	Summative evaluation 2 stages: Stage 1-тестирование по MCQ teasing for understanding and application - 40 % Stage 2-Mini clinical exam (MiniCex) - 60%		
9	Teething diseases. Dystopia, retention, difficult eruption of the lower third molar. Principles of diagnosis and treatment. Complications of obstructed teething of the lower third molar	1. Teething diseases, classification, etiology 2. Dystopia Diagnosticsa, clinic 3. Resolution of teething diagnosticsa, clinic 4. Difficult eruption of the lower third molar of diagnosticsa, clinic. 5. Principles of complementary treatment 6. Complications in difficult eruption of the lower third molar	1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il. Internet resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативно-елib/kaznu.kz/	rating: 1. TBL, CBL 2. Work on phantoms 3. Work in albums
10	Acute and chronic non-specific inflammatory diseases of the salivary glands. Methods of examination of patients with diseases of the salivary glands. Principles of diagnosis and treatment	1. Acute and chronic nonspecific inflammatory diseases of the salivary glands classification, etiology 2. Methods of examination of patients with diseases of the salivary glands. 3. Clinic of acute non-specific inflammatory disease of the salivary glands 4. Differential diagnosis of acute non-specific inflammatory disease of the salivary glands, 5. Clinic of chronic non-specific inflammatory disease of the salivary glands 6. Differential diagnosis of chronic non-specific inflammatory disease of the salivary glands 7. Principles of diagnosis and treatment	1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il. Internet resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативно-елib/kaznu.kz/	rating: 1. TBL, CBL 2. Working on phantoms 3. Working in albums
11	Dislocations and fractures of teeth. Fractures of the alveolar process. Dislocations of the lower jaw. Diagnosis and treatment.	1. Classification of dislocations of dislocations and fractures of teeth, fractures of the alveolar process, dislocations of the lower jaw. 2. Clinical and radiological picture of dislocations and fractures of teeth 3. Clinical and radiological picture of alveolar process fractures 4. Clinical and radiological picture of lower jaw dislocations	11. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-Moscow: GEOTAR-Media, 2016. - 400 p.: il. 2. Surgical dentistry(new edition). Robustova T.G.Publishing	rating: 1. Using active methods learning methods: TBL, CBL 2. Work on phantoms 3. Work in albums 4. Mini-conference topics SRS

		<p>5. Diagnosis and treatment of dislocations, dislocations and fractures of teeth, fractures of the alveolar process, dislocations of the lower jaw.</p> <p>6. Temporary (evacuation and transport immobilization in case of injuries to the bones of the facial skull: requirements, tasks, types, possible complications). Permanent (therapeutic) immobilization of the jaws with dental splints and mouthguards</p> <p>7. Tactics of the doctor in relation to the teeth of the broken alveolar process.</p>	<p>House: MeditsinaPubl.,2017, 688c</p> <p>Online resources:</p> <p>https://jirbis/kaznu.kz/jirbis2</p> <p>https://elib/kaznu.kz/Формативноeelib/kaznu.kz/</p>	
12	Damage to the soft tissues of the face, oral cavity. Features of primary surgical treatment of facial wounds.	<p>1. Facial soft tissue injuries: classification, frequency</p> <p>2. Features of the clinical course of facial soft tissue injuries</p> <p>3. Terms, types and methods of surgical treatment of wounds of soft tissues of the face and organs of the oral cavity</p> <p>4. Organization and tactics of treatment of patients with soft tissue injuries of the maxillofacial area with different localization and severity measures</p> <p>5. Features of primary surgical treatment of facial soft tissue wounds of various localization</p> <p>6. Types of sutures used for surgical treatment of facial wounds</p> <p>7. Terms of applying primary and secondary blind sutures during surgical treatment of facial wounds.</p>	<p>1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint- Moscow: GEOTAR-Media, 2016. - 400 p.: il. 2. Surgical dentistry (new edition). Robustova T.G.PUBLISHING House: MeditsinaPubl.,2017, 688c</p> <p>Online resources:</p> <p>https://jirbis/kaznu.kz/jirbis2</p> <p>https://elib/kaznu.kz/Формативноeelib/kaznu.kz/</p>	rating: 1. TBL, CBL 2. Working on phantoms 3. Working in albums
13	Periodontal recessions. Plasty with a mucoperiosteal flap. Flap operations. Osteogingivoplasty. Surgical methods in the complex treatment of periodontal diseases.	<p>1. Periodontal recessions, classification, diagnosis, clinic</p> <p>2. Muco-periosteal flap plastic surgery, indications, techniques</p> <p>3. Flap operations, indications, techniques</p> <p>4. Osteogingivoplasty, indications, techniques</p> <p>5. Comprehensive treatment of periodontal diseases</p> <p>6. Complications after surgical treatment</p>	<p>1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint- Moscow: GEOTAR-Media, 2016. - 400 p.: il. 2. Surgical dentistry(new edition).</p> <p>Online resources:</p> <p>https://jirbis/kaznu.kz/jirbis2</p> <p>https://elib/kaznu.kz/Формативноeelib/kaznu.kz/</p>	rating: 1. TBL, CBL 2. Working on phantoms 3. Working in albums
14	Surgical preparation of the oral cavity for prosthetics. Indications for the procedure. Methodology. Prevention of complications	<p>1. Surgical preparation of the oral cavity for prosthetics, indications for carrying out 2. Indications for tooth extraction for prosthetics</p>	<p>1. Surgical dentistry: textbook / V. V. Afanasyev [et al.]; under the general editorship of V. V. Afanasyev. - 3rd ed., reprint-</p>	rating: 1. TBL, CBL 2. Work on phantoms 3. Work in albums

		3. Indications and methods of removal of exostoses and osteophytes 4. Indications and methods of removal of hypertrophied oral mucosa 5. Indications and methods of implant placement for removable prosthetics; 6. Indications and methods for osteoplasty 7. Indications and methods for sinus lifting 8. Prevention of complications of surgical preparation	Moscow: GEOTAR-Media, 2016. - 400 p.: il. Internet resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативно_елib/kaznu.kz/	4. Mini-conference topics SRS
15	Boundary control -22	Summative assessment of 2 stages: Stage 1 - тестирование по MCQ Teasing for understanding and application - 40 % Stage 2-mini Clinical exam (MiniCex) - 60%		

Point-rating assessment of students' professional skills – on the miniclinical exam					
Professional skills	2 points	4 points	6 points	8 points	10 points
1. Collection of medical history	collected randomly with details of facts that are not relevant for diagnosis	collected unsystematically with significant omissions	collected with fixing facts that do not give an idea of the essence of the disease and the sequence of symptoms	collected systematically, but without sufficient clarification of the nature of the main symptoms and possible causes of their occurrence	collected systematically, the anamnesis fully reflects the dynamics of the development of the disease
2. Physical examination	does not possess manual skills	was conducted randomly, with omissions, without effect	was not carried out fully enough with technical errors	was carried out systematically, but with minor technical inaccuracies	was carried out systematically, technically correctly and effectively
3. The preliminary diagnosis	was made incorrectly	only the class of the disease	is indicated the leading syndrome is highlighted, but there is no diagnostic conclusion	set correctly, without justification	set correctly, justification is given
4. Appointment of a survey plan	contraindicated studies are prescribed	inadequate	not fully adequate	adequate, but with minor omissions	complete and adequate
5. Interpretation of the survey results	incorrect assessment that led to contraindicated actions	largely incorrect	partially correct with significant omissions	correct with minor inaccuracies	complete and correct
Differential diagnosis	inadequate	chaotic	Incomplete	reasoned, but not with all similar diseases	complete

Professional skills	2 points	4 points	6 points	8 points	10 points
7. Final diagnosis and its justification	lack of clinical thinking	the diagnosis is confused, unconvincing	the diagnosis is insufficiently justified, complications are not recognized, concomitant diseases	the diagnosis of the underlying disease is complete, but concomitant diseases are not specified	exhaustively complete, justified
8. Choice of treatment	contraindicated drugs	are prescribed insufficiently adequate in substance and dosage	treatment is not complete enough for both the main and concomitant diseases	correct, but not exhaustive enough or polypharmacy	treatment is quite adequate
9. The idea of the mechanism of action of the prescribed drugs	incorrect interpretation	is largely erroneous	partial	mistakes in insignificant details	complete
10. Definition of prognosis and prevention	cannot define	inadequate definition	insufficiently adequate and incomplete	adequate, but incomplete	adequate, complete

Team based learning – TBL

	%
Individual -- (IRAT)	30
Group -- (GRAT)	10
Appeal	10
Case Score-	20
Friend Score (bonus)	10
	100%

Case-based learning CBL

	%
1 Interpretation of survey data	10
2 Interpretation of physical examination data	10
3 Preliminary diagnosis, justification, DDh, examination plan	10
4 Interpretation of lab-instrumental examination	data 10
5 Clinical diagnosis, problem sheet	10
6 Management and treatment plan	10
7 Validity of drug selection and treatment regimen	10
8 Efficacy assessment, prognosis, prevention	10
9 Special problems and questions on the case	10
10 Rating of friends (bonus)	10
	100%

Point-rating assessment of medical history management (maximum 100 points) **YOU NEED TO FINISH IT OR USE THE SIMPLIFIED VERSION (BELOW)**

№	Criteria (scored on a point system)	10	8	6	4	2
		<i>excellent</i>	<i>above average</i>	<i>acceptable</i>	<i>requires correction</i>	<i>unacceptable</i>
1	Patient's complaints: major and minor	Complete and systematic, with understanding of important details	Accurate and complete	Basic information	Incomplete or inaccurate, missing some details	Omits important
2	Collection of medical history					
3	Life history					
4	Objective status – general examination	Complete, efficient, organized, with an understanding of important details	Consistent and correct	Identification of basic data	Incomplete or not quite correct, not attentive to patient convenience	Inappropriate data
5	Nervous system		Complete, effective, technically correct application of all examination skills, physical examination with minor errors, or corrected in the course of execution	Identified basic data Skills physical examination Skills learned	Incompletely or inaccurately Physical examination skills require improvement	Important data are missed Unacceptable physical examination skills
6	Presentation of the medical history	As complete as possible description and presentation Understands the problem in a complex way, connects with the patient's characteristics	accurate, focused; selection of facts shows understanding	Record in form, includes all basic information;	Many important omissions, often includes unreliable or unimportant facts	Lack of control of the situation, many important omissions many clarifying questions
7						

EVALUATION SHEET
Criteria for evaluating the medical history of a patient with diseases

№ n /	a Evaluation criteria	Level				
		Excellent level	Above average	Acceptable	Requires correction	unacceptable

1	An exhaustive official history of the patient	was collected 10	8	6	4	0
2	The main and secondary complaints of the patient and the history of the disease were identified - the occurrence, course and development of the present disease from the moment of its first manifestations to the present time	10	8	6	4	0
3	The association of the disease with external factors, living conditions, and previous illnesses is established.	10	8	6	4	0
4 External	examination: the general condition of the patient (skin, teeth, visible mucous membranes, lymph nodes, etc.)	is established 10	8	6	4	0
5	Status Localis - color, size, relief of the pathological focus, consistency, soreness during pregnancy. palpation	10	8	6	4	0
6	Justification of the preliminary diagnosis	10	8	6	4	0
7	Results of additional examination methods are justified and interpreted	10	8	6	4	0
8	Reasonable and logical differential diagnosis of the disease for making a final diagnosis	10	8	6	4	0
9	Complete adequate plan (schemes, tactics) of treatment (management) of the patient	10	8	6	4	0
10	The medical history is drawn up according to the requirements of the department	10	8	6	4	0
	Total	100	80	60	40	0

Score-rating rating of the SRS-creative task (maximum 90 points) + bonuses for English language and time management

		10	8	4	2
1	Problem focus	Organized focused, highlights all questions related to the main identified problem with an understanding of the specific clinical situation	Organized, focused, highlights all questions related to the main identified problem, but there is no understanding of the specific clinical situation	Unfocused, Distraction to questions not related to the main identified problem	Inaccurate, misses the point, inappropriate data.
2	Informative, effective presentation	All the necessary information on the topic is fully conveyed in a free, consistent, logical manner	All the necessary information is conveyed in a logical manner, but with minor inaccuracies	All the necessary information on the topic is presented chaotically, with minor errors	Important information on the topic is not reflected, gross errors

		The product form is adequately selected			
are not reflected 3	Reliability	The material is based on reliably established facts. Display of understanding by the level or quality of evidence	Some conclusions and conclusions are formulated based on assumptions or incorrect facts. There is no complete understanding of the level or quality of evidence	There is insufficient understanding of the problem, some conclusions and conclusions are based on incomplete and unproven data-questionable resources are used	Conclusions and conclusions are not justified or incorrect
4	Logic and consistency	The presentation is logical and consistent, has internal unity, the provisions in the product follow from each other and are logically interrelated	internal unity, product positions follow from one another, but there are inaccuracies	There is no consistency and logic in the presentation, but it is possible to track the main idea	Jumps from one to another, it is difficult to grasp the main idea
5	Literature analysis	Literary data are presented in a logical relationship, demonstrate a deep study of the main and additional information resources	Literary data demonstrate the study of the main literature	Literary data show the study of the main literature data is not always in place, does not support the consistency and evidence of statements	Inconsistency and randomness in the presentation of data, inconsistency No knowledge of the main textbook
6	Practical significance	High	Significant	Not enough	Not acceptable
7	Patient-oriented	High	Focused	Not enough	Not acceptable
8	Applicability in future practice	High	Applicable	Not enough	Not acceptable
9	Presentation clarity, report quality (speaker's assessment)	Correctly, all the features of Power Point or other e-gadgets are used to the point, fluency in the material, confident manner of presentation	Is overloaded or insufficiently used visual materials, incomplete knowledge of the material	Visual materials are not informative does not confidently report	Does not own the material, does not know how to present
it b o	English/ Russian/Kazakh*	The product is fully delivered in English/Russian/Kazakh (checked by the head of the department)	of the product prepared in English, submitted in Russian / kaz	When preparing the product, we used English-language sources	

n us		+ 10-20 points depending on the quality	+ 5-10 points depending on the quality (or vice versa)	+ 2-5 points depending on the quality	
of th e b o n us	Time management**	Product delivered ahead of time 10 points	are awarded Product delivered on time – no points are awarded	Postponement of delivery that does not affect quality Minus 2 points	Delivered late Minus 10 points
B o n us	Rating***	Additional points (up to 10 points)	Outstanding work, for example: Best work in a group Creative approach Innovative approach to completing tasks At the suggestion of the group		
		<p>* - for Kaz/Rus groups-English; for groups studying in English - completing tasks in Russian or Kazakh *The deadline is determined by the teacher, as a rule - the day of border control ** so, you can get the maximum 90 points, to get above 90-you need to show a result higher than expected</p>			

CLINICAL SITUATION ASSESSMENT SHEET

Nº n/п	a Evaluation Criteria	Level					
		Excellent	Very Good	Acceptable	Requires Correction	Unacceptable emlemo	
1.	After reviewing the clinical situation, he identified the leading symptoms of the disease.	10	8,5	7,5	5	0	
2.	Evaluated the results of an objective study	10	8,5	7,5	5	0	
3.	Identified a range of similar diseases.	10	8,5	7,5	5	0	
4.	Justified the choice of additional research methods	10	8,5	7,5	5	0	
5.	Interpreted the received (expected) or available results of additional research methods.	10	8,5	7,5	5	0	
6.	Logically, I made a differential diagnosis with similar diseases and reasonably excluded them.	10	8,5	7,5	5	0	
7.	Justified the diagnosis	10	8,5	7,5	5	0	

8.	Reasoned the choice of the plan (scheme, tactics) of treatment (management) of the patient	10	8,5	7.5	5	0
9.	Demonstrated speech culture, proficiency in professional terminology	10	8,5	7.5	5	0
10.	Formulated the necessary recommendations for the patient	10	8.5	7.5	5	0
	Total	100	85	75	50	0

EVALUATION SHEET FOR TOOTH EXTRACTION OPERATIONS

#	Algorithm of action	Performance criteria	Very good	Acceptable	Requires Correction	Unacceptable
1	Prepare for manipulation Prepare the patient	To put on a clean robe, cap, mask. Note the presence of waste of class A and B. Hygienic hand treatment in accordance with the order of the Ministry of Health of the Republic of Kazakhstan No. 101.. Help the patient to take a comfortable position To clarify the tooth to be removed.	10	7	5	0
2	Prepare the workplace, tools	Put in a sterile tray: dental mirror, dental tweezers, sickle-shaped ironer, curettage spoon, forceps, sterile gauze swabs. Using a mirror, tweezers and a swab moistened with 0.1% potassium permanganate solution, remove plaque and food residues. Rinse the mouth with 0.05% chlorhexidine bigluconate solution.	10	7	5	0
	Prepare the operating field					
3	Selection of forceps to remove a particular tooth.	Correctly choose and correctly name the forceps for removing this tooth in accordance with the scenario.	10	7	5	0
4	Position of the doctor and patient during the tooth extraction operation	, take the correct ergonomic position relative to the patient, depending on the tooth being removed.	10	7	5	0

		<p>When removing teeth in the upper jaw - the tooth to be removed is at the level of the doctor's shoulder joint. Position of the doctor: to the right and front of the patient.</p> <p>When removing teeth in the lower jaw - the tooth to be removed is at the level of the doctor's elbow joint. Position of the doctor: to the right and front of the patient, and when removing the right molars – to the right and back of the patient.</p> <p>Provide visualization of the oral cavity. Perform antiseptic treatment with 0.05 % chlorhexidine solution.</p>				
5	<p>Perform the following steps of the tooth extraction operation:</p> <p>Applying forceps</p>	<p>If necessary, separate the gum tissue and circular ligament from the neck of the tooth or root with a sickle-shaped ironer. Correctly take the selected forceps in the dominant hand.</p> <p>With the fingers of the non-dominant hand, correctly fix the alveolar process of the jaw from 2 sides in the area of the tooth to be removed.</p> <p>Insert forceps into the oral cavity. Open the cheeks of the forceps. When applying forceps to the crown, one cheek is located on the vestibular surface, and the other – on the oral surface of the tooth and the longitudinal axis of the tooth must coincide with the longitudinal axis of the forceps.</p>	10	7	5	0
6	Moving the cheeks of the forceps under the gum	Forceps move under the detached gum slightly above (upper teeth) or below (lower teeth) the neck of the tooth to prevent crown fractures in the area of the tooth neck (weak point). When removing a tooth with a destroyed crown, the cheeks of the forceps are pushed under the gum to a depth of 4-5 mm to ensure good fixation of the forceps and prevent fracture. If necessary, apply elevators and root separation	10	8	5	0

7	Closing the forceps (fixing)	After closing the forceps, the tooth to be removed must be firmly fixed. The tooth and forceps must form a single system and when moving the forceps, the tooth must also move simultaneously. If the force of compression of the tooth with forceps is insufficient, then when implementing the next technique - dislocation of the tooth - the forceps may slip. If the tooth is excessively compressed with forceps, a fracture (break) or biting of the crown is possible.	10	8	5	0
8	Dislocation of the tooth (luxation and rotation)	Correctly perform the first dislocating movement in the direction of least resistance, where the wall of the hole is thinner for a particular tooth. Luxation and rotation (according to indications) should be performed gradually increasing the range of movements without rough movements and jerks,	10	8	5	0
9	Extraction of the tooth from the hole and removal from the oral cavity (traction).	Extraction of the tooth from the hole and removal from the oral cavity is performed after it is completely released from the periodontal fibers that hold it smoothly, without jerks and trauma to the surrounding tissues.	10	8	5	0
10	Manipulations after tooth extraction and recommendations	to examine the removed tooth Examination of the hole and the edges of the bone alveoli. Revision and curettage of the well Perform the well with a blood clot. Hemostasis control Ask the patient to bite on the tampons and close his mouth. Give recommendations	10	8	5	0
	Total		100	75	50	0

Evaluation sheet: Criteria for evaluating the interpretation of X-ray results

n /	a Step evaluation criteria	Level				
		Level excellent	very good	acceptable	requires correction	unacceptable
1.	Correctly identified the type of radiograph (intraoral, panoramic,	10	8	5	2.5	0

2.	Evaluated its quality (clarity, contrast, completeness of the radiological image).	10	8	5	2,5	0
3.	Determined the object of research (which jaw, part of the jaw, group of teeth)	10	8	5	2,5	0
4.	Evaluated dentition (absence or displacement of teeth, overcompletion, dystopia, retention)	10	8	5	2,5	0
5.	Analyzed tooth shadows (condition of the crown part of the tooth: size, shape, carious cavities, fillings)	10	8	5	2,5	0
6.	Characterized the periodontal gap in the area of temporary teeth (width, uniformity)	10	8	5	2,5	0
7.	Determined the condition of the periodontal gap in permanent teeth with NPC.	10	8	5	2,5	
8.	Assessed the condition of the surrounding bone tissue (characteristic of the compact plate of the alveoli, interdental septa)	10	8	5	2,5	0
9.	Correctly identified pathological changes bone tissue (destruction of the cortical plate of the alveolus of the tooth and the follicle of the permanent tooth).	10	8	5	2,5	0
10.	Identified the child's age and suspected problems	10	8	5	2,5	0
	Total: points	100	85	75	50	0

EVALUATION SHEET
LOGICAL AND DIDACTIC SCHEME

№ n/n	a Evaluation criteria	Level				Unacceptable emlemo
		Excellent	Very good	Acceptable	Requires Correction	
1	Semantic content	16	16	13	8	0
2	Availability of all necessary elements	16	16	13	7	0
3	Ability to build relationships between the elements of the scheme	16	16	13	7	0
4.	Visibility.	13	13	9	7	0
5	Design quality	13	13	9	7	0
6.	Demonstration of creativity, originality	13	13	9	7	0

7	Ability to answer questions on the problem	under consideration 13	13	9	7	0
	Total	100	85	75	50	0

Score-rating rating of the SRS-creative task (maximum 90 points) + bonuses for English language and time management

		20	15	10	5
1	Focus	on the problem Organized focused, highlights all questions related to the main identified problem with an understanding of a specific clinical situation	Organized, focused, highlights all questions related to the main identified problem, but there is no understanding of a specific clinical situation	Unfocused, Distraction to questions not related to the main identified problem	Inaccurate, misses the main point, inappropriate data.
2	Informative, effective presentation	All the necessary information on the topic is fully conveyed in a free, consistent, logical manner The product form is adequately selected	All the necessary information is conveyed in a logical manner, but with minor inaccuracies	All the necessary information on the topic is presented chaotically, with minor errors	Important information on the topic is not reflected, gross errors
are not reflected 3	Reliability	The material is based on reliably established facts. Display of understanding by the level or quality of evidence	Some conclusions and conclusions are formulated based on assumptions or incorrect facts. There is no complete understanding of the level or quality of evidence	There is insufficient understanding of the problem, some conclusions and conclusions are based on incomplete and unproven data-questionable resources are used	Conclusions and conclusions are not justified or incorrect
4	Logic and consistency	The presentation is logical and consistent, has internal unity, the provisions in the product follow from each other and are logically interrelated	internal unity, product positions follow from one another, but there are inaccuracies	There is no consistency and logic in the presentation, but it is possible to track the main idea	Jumps from one to another, it is difficult to grasp the main idea
5	Literature analysis	Literary data are presented in a logical relationship, demonstrate a deep study of the main and additional information resources	Literary data demonstrate the study of the main literature	Literary data show the study of the main literature data is not always in place, does not support the consistency and evidence of statements	Inconsistency and randomness in the presentation of data, inconsistency No knowledge of the main textbook
6	Practical significance	High	Significant	Not enough	Not acceptable
7	Patient-oriented	High	Focused	Not enough	Not acceptable

8	Applicability in future practice	High	Applicable	Not enough	Not acceptable
9	Presentation clarity, report quality (speaker's assessment)	Correctly, all the features of Power Point or other e-gadgets are used to the point, fluency in the material, confident manner of presentation	Is overloaded or insufficiently used visual materials, incomplete knowledge of the material	Visual materials are not informative does not confidently report	Does not own the material, does not know how to present
it bon us	English/ Russian/Kazakh *	The product is fully delivered in English/Russian/Kazakh (checked by the head of the department) + 10-20 points depending on the quality	of the product prepared in English, submitted in Russian / kaz + 5-10 points depending on the quality (or vice versa)	When preparing the product, we used English-language sources + 2-5 points depending on the quality	
of the bon us	Time management**	Product delivered ahead of time 10 points	are awarded Product delivered on time – no points are awarded	Postponement of delivery that does not affect quality Minus 2 points	Delivered late Minus 10 points
Bon us	Rating***	Additional points (up to 10 points)	Outstanding work, for example: Best work in a group Creative approach Innovative approach to completing tasks At the suggestion of the group		
	<p>* - for Kaz/Rus groups-English; for groups studying in English - completing tasks in Russian or Kazakh *The deadline is determined by the teacher, as a rule - the day of border control ** so, you can get the maximum 90 points, to get above 90-you need to show a result higher than expected</p>				

**EVALUATION SHEET
DRAWING/DIDACTIC SCHEME**

№ n /	a Evaluation criteria	Level			
		Excellent-16 points	Good-14 points	Acceptable - 10 points	Bad-5 points
1.	Content: Demonstrated detailed and accurate content of the figure / diagram	Demonstrates detailed and accurate content of the figure/diagram, with a detailed description	Demonstrates the exact content of the figure/diagram, with a description	Demonstrates the general content of the figure / diagram	Demonstrates a weak or complete absence of the content of the figure / diagram

2.	Relationship: Demonstrated the connection between the drawing/diagram	Demonstrates an understanding of the main processes, is able to explain, draw conclusions, give reasoned answers in full.	Demonstrates an understanding of the main processes, is able to explain, draw conclusions, give answers, and allow inaccuracies.	Demonstrates a basic understanding of processes, difficult to explain, difficult to draw conclusions.	Demonstrates little or no knowledge of basic processes. Can't draw conclusions.
3.	Visibility. Demonstrated the structure of the drawing / diagram	Demonstrates the complete and detailed structure of the drawing/diagram. Understands the essence of the structure of the depicted objects and objects.	Demonstrates the detailed structure of the drawing / diagram. Understands the essence of the structure of the depicted objects and objects.	Demonstrates that the drawing/diagram is not fully structured. It doesn't understand the structure of the objects and objects depicted.	Demonstrates a weak or complete lack of understanding of the structure of the drawing / diagram. It doesn't understand the structure of the objects and objects depicted.
4.	Comments. Demonstrated description of the drawing/diagram	Demonstrates a complete and in-depth description of the drawing/diagram. Adds additional information to the drawing / diagram. Applies examples.	Demonstrates a working description of the drawing / diagram. Adds additional information to the drawing / diagram. Applies examples.	Demonstrates a basic description of the drawing / diagram. It does not add additional information to the drawing / diagram.	Demonstrates a weak or complete absence of a description for the drawing / diagram. There is no additional information for the drawing / diagram.
5.	Creative approach. Demonstrated the originality of the drawing / scheme	Demonstrates a high artistic and aesthetic level of execution of the drawing / scheme	Demonstrates a working artistic and aesthetic level of execution of the drawing / scheme	Demonstrates a basic artistic and aesthetic level of execution of the drawing/scheme	Demonstrates a weak artistic and aesthetic level of execution of the drawing / scheme, or lack of it.
	Total	80	70	50	30

Appendix 1.

SYLLABUS INTRODUCTION SHEET

"FUNDAMENTALS OF ORAL SURGERY"

Nº	Last name first name of the student	Group	Date of familiarization	Student's signature
1				
2				
3				
4				
5				
6				
7				
8				
9				