

SYLLABUS

АУЫЗ ҚУЫСЫ ХИРУРГИЯСЫНЫҢ НЕГІЗДЕРІ BASICS OF ORAL SURGERY ОСНОВЫ ХИРУРГИИ полости рта



| 1. General information about the discipline | | | |
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| 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 | <u>Prerequisites:</u> Оперативті стоматология/Operative dentistry <u>Post-requirements:</u> Bas zhane moyin aurulary / Diseases of the head and neck/Diseases of the head and neck Zhak-bet surgeriyyasy/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 4 | Auyz kuysy surgeriyyasyn 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 | <i>Required-Yes</i> |
| 2. Discipline description | | | |

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| | 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 | | |
| pro ces s4. | 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 | 1 Demonstrate knowledge of inflammatory processes and injuries of the maxillofacial region, identify and interpret 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 | 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 | And interpret 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 | 3 demonstrate 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 | 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 | 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 |

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| | 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 (<i>please note (yes-no) / specify your own</i>): | | |
| 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)) | |

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| 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 |

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| 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 | |

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| | | | 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% | |

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| 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 | |
| assessment 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%) |

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| 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 <i>(use the full link and indicate where you can access the texts/materials)</i> | | |
| 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. | |

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| Additional | Surgical dentistry(new edition). Robustova T.G.Publishing House: Meditsina,2018. - 688s. |
| | D. Choudhury General Surgical Operations, 2017 |
| | Urazalin Zh. B., Tuleuov K. T. Khirurgiyalyk stomatolgiya, Almaty, 2011 |
| | V. V. Afanasyev Surgical dentistry Moscow: Odontogenic inflammatory diseases of the oral cavity: textbook. manual-M.: GEOTAR-Media, 2019. -.... 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. |
| | Bernadsky Yu. I. Fundamentals of maxillofacial surgery and surgical dentistry. Moscow: Meditsina Publ., 2000, 404 p. |
| | Требования к Student requirements and bonus system |
| Electronic resources | http://elib.kaznu.kz/order-book . - ISBN 978-0-19-871931-1 https://www.youtube.com/c/SciDrugs/videos -video lectures on pharmacology in Russian. |
| Simulators in the simulation center | Dummy heads, jaws with teeth |
| | Discipline policy Discipline |
| | <p>policy is determined by the <u>Academic Policy of the University</u> and the <u>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)</p> <p>2) Mandatory presence of a phonendoscope, tonometer, centimeter tape, (you can also have a pulse oximeter)</p> |

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| | <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. 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. Leaving a class earlier than the scheduled time, or being outside the workplace during school hours is considered a truancy. Additional work of students during school hours (during practical classes and duties) is not allowed. 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. Missed classes are not processed. Students are fully subject to the Internal rules of the clinical bases of the department To greet the teacher and any older person by getting up (in class) Smoking (including the use of vapes, e-cigarettes) strictly prohibited on the territory of medical institutions (out-doors) and the university. 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 of Respect for colleagues, regardless of gender, age, nationality, religion, sexual orientation. Have a laptop / laptop / tab / tablet with you for training and passing MCQ tests on TBL, boundary and final controls. Сдача тестов Taking MCQ tests on telemobile phones and smartphones is strictly prohibited. The student's behavior during exams is regulated <u>by the "Rules for conducting final control", "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> |
| 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 learn</p> <p>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: For example, they actively participate in discussions and are willing to take tasks</p> <p>4. Demonstrate effective group skills 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: For example, actively listens, and is receptive to nonverbal and emotional cues Respectful attitude</p> <p>6. Highly developed professional skills: Committed to completing assignments, looking for opportunities for more training, confident and qualified Compliance with ethics and deontology in relation to patients and medical staff Compliance with subordination.</p> <p>7. High introspection: 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: 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. 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 Strictly adheres to the principles of medical ethics and PRIMUM NON NOCERE</p> |
| 12. | Discipline Policy |
| | <p>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).</p> |
| 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- врачy).

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| 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 Online resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/</p> | <p>Formative assessment: <ol style="list-style-type: none"> 1. TBL, CBL 2. Working on phantoms 3. Working in albums </p> |
| 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 Online resources: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативно elib/kaznu.kz/</p> | <p>rating: <ol style="list-style-type: none"> 1. Using active methods learning 2. Work on phantoms 3. Work in albums 4. Mini-conference topics of SRS </p> |
| 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. Internet resources: https://jirbis/kaznu.kz/jirbis2</p> | <p>rating: <ol style="list-style-type: none"> 1. TBL, CBL 2. Work on phantoms 3. Work in albums </p> |

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| | | 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 sinusitis 3. Clinic of odontogenic maxillary sinusitis 4. Clinic of perforation and fistula of the maxillary sinus. 5. Diagnosis of odontogenic maxillary sinusitis 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 |

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| | | 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 eelib/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 Diagnostics, clinic 3. Resolution of eruption diagnostics, clinic 4. Difficult eruption of the lower third molar of diagnostics, 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 eelib/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 eelib/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 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: https://jirbis/kaznu.kz/jirbis2 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: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативноeelib/kaznu.kz/</p> | <p>rating:</p> <ol style="list-style-type: none"> 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: https://jirbis/kaznu.kz/jirbis2 https://elib/kaznu.kz/Формативноeelib/kaznu.kz/</p> | <p>rating:</p> <ol style="list-style-type: none"> 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</p> <p>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> | <p>rating:</p> <ol style="list-style-type: none"> 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_eelib/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

| 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 | | |
| | * - 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 | | | | |

CLINICAL SITUATION ASSESSMENT SHEET

| № n/n | a Evaluation Criteria | Level | | | | Unacceptable emlemo |
|----------|--|-----------|-----------|------------|------------------------|------------------------|
| | | Excellent | Very Good | Acceptable | Requires Correction | |
| 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 Prepare the operating field | 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 |
| 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 | <p>Forceps move under the detached gum slightly above (upper teeth) or below (lower teeth) the neck of the tooth to prevention of 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</p> | 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 | | |
| * - 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 | | | | | |

**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"

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