

Preclinical periodontology

The study course/discipline maximum assessment point is 100. Among them:

- Midterm assessment (sum of points allocated to knowledge assessment components) - 60 points
- Final exam is worth 40 points.
- Final exam assessment is positive in case of getting 24 and more points (60% and more of maximum grade)
- If a student's overall grade (weighed midterm evaluation plus weighed final exam grade) is at least 51 she/he can take a final exam (i.e. pre-requisites prior to take the exam minimum 11 points of summarized midterm components)

Ratio of midterm evaluation components:

- Student attendance on practical sessions – 0 - 5 points (10 X 0.5 points),
- Student academic activity – 0-25 points
- Demonstration of practical skills on the phantoms – 0-5 points
- Colloquium on final session – 0-25 points
- summative exam – 0- 40 points
- Final assessment –0 - 100 points

Student's academic activity on practical sessions (0-5 points each, i.e. maximum 25 points in total) according to average (arithmetic mean) score on oral-tests. Assessment of every practical session by 0-5 point grading scale (1 – point shifting: 0 - 1 - 2 -3 -4 -5), i.e. assessment criteria / unit is a point / score.

Assessment indicators:

Quality of academic performance of planned thematic questions, interactive involvement, reasoning activity. Assessment is implemented at the end of every practical session (curatio) and student is informed . During curatio, the student has the opportunity to be awarded maximum 5 points by 5-point grading system. Assessment corresponds to cited characteristics and is adapted to the specific teaching topics and assessment scales.

0 point: no elementary or minor knowledge around the question.

1 point: the student knowledge is critically limited; does not went far beyond acquaintance with concepts and determinations;

2 points: the student knowledge of planned thematic issues is strictly limited; factually inaccurate and incapable of independent judgement;

3 points: the student knowledge on planned thematic issues is satisfactory; independent judgement around the relevant issue - limited;

4 points: good knowledge on planned thematic issues; independent and logical judgement;

5 points: fluent and deep knowledge on planned thematic issues; independent judgement, analytical reasoning, ability to make parallel and clinical extrapolation of the issues;

Practical-clinical skills: every single practical skills (demonstration of manual skills on the phantom) will be assessed by 1-point grading system, in total - 5 manipulations (i.e. 5 points):

1. Measuring periodontal pocket depth on the phantom (0 – 0.5 – 1 point);
2. Measuring tooth losing degree on the phantom (0 – 0.5 - 1 point);
3. X-RAY evaluation of the changes process on jaw-bone alveolar (0 – 0.5 - 1 point);
4. Evaluation of parodontogram by Florida Probe (0 – 0.5 – 1 point).
5. Evaluation of microbiological examination results (0 – 0.5 – 1 point).

Colloquium – in the form of interview / dialogue; assessment criteria/unit – point/score and implemented on the last colloquium-session. Ability of reasoning is of great importance for knowledge of Preclinical Periodontology, and best way to demonstrate knowledge is an interactive survey.

Colloquium (like the exam) is open, with presence of the group of students, transparently, in maximally favorable collegial academic environment.

Assessment on colloquium by 0-5 point grading scale (1 – point shifting: 0 - 1 - 2 -3 -4 -5). Assessment logic adapted to the colloquium content:

0 point: no elementary or minor knowledge around the issue.

1 point: the student's knowledge is critically limited; does not go far beyond acquaintance with concepts and determinations;

2 points: the student's knowledge on planned thematic issues is strictly limited; logical inaccuracies at independent judgement; no ability to correct inaccuracies after proper references;

3 points: the student's knowledge on planned thematic issues is satisfactory; few inaccuracies at independent judgement;

4 points: good knowledge on planned thematic issues; independent judgement, analytical reasoning;

5 points: fluent and deep knowledge in every component of the subject; logical judgement, ability to make extrapolation with relevant courses and/or clinical correlates;

Colloquium assessment is implemented at the end of the session and is accessible to the student (25 points - in total).

In case of fail the planned midterm exam within one working day after being acquainted with midterm assessment results and/or its components, a student will be entitled to pass make up test to the Head of the Department, (based on prior agreement), If the student's current academic performance is at least 2/3 of the maximum possible assessment scores prior to the test.

Final summative exam is conducted in a combined form: demonstration of practical skills + oral examination.

The exam assessed with final grade (0-40 points).

The exam is open, with presence of the group of students, transparently, maximally favorable collegial academic environment. The examination ticket includes 4 issues: each is assessed by a 10-point grading scale.

I issue: Demonstration of practical skills – 0-10 points:

1. Measuring periodontal pocket depth on the phantom (0-2 points);
2. Measuring tooth losing degree on the phantom (0-2 points);
3. X-ray evaluation of the changes process on jaw-bone alveolar process (0-2 points);
4. Evaluation of parodontogram dragged by Florida Probe system (0-2 points).
5. Evaluation of microbiological examination results (0-2 points).

II-IV Questions will cover theoretical part of the subject.

10 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning, ability to link acquired knowledge to clinical issues.

9 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning, ability to link acquired knowledge to clinical issues, but makes some minor mistakes;

8 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning; delay in linking acquired knowledge to clinical issues;

7 points – fluent knowledge around the issue; understands its meaning and content, logical and adequate reasoning; no ability to link acquired knowledge to clinical issues properly;

6 points – insufficient knowledge around the issue; no ability to understand its meaning and content or to link acquired knowledge to clinical issues properly;

5 points – partial knowledge around the issue; no ability to understand its meaning and content or to link acquired knowledge to clinical issues properly;

4 points – insufficient knowledge around the issue; no ability to understand its meaning and content;

3 points – insufficient knowledge even the essential aspects of the issue; no ability to understand its meaning and content properly;

2 points – fragmental knowledge around the issue; no ability to understand its meaning and content;

1 point – critically poor knowledge around the issue; no ability to understand its meaning and content;

0 point – no elementary or minor knowledge around the issue.

Clinical periodontology

The study course/discipline maximum assessment point is 100. Among them:

- Midterm assessment (sum of points allocated to knowledge assessment components) - 60 points

– Final exam is worth 40 points.

– Final exam assessment is positive in case of getting 24 and more points (60% and more of maximum grade)

– If a student's overall grade (weighed midterm evaluation plus weighed final exam grade) is at least 51 she/he can take a final(summative) exam (i.e. pre-requisites prior to take the exam minimum 11 points of summarized midterm components)

Ratio of midterm-test evaluation components:

- Student attendance on practical sessions – 0 - 6 points (15X 0.4 points),
- Student academic activity – 0-25 points
- Demonstration of manual skills – 0-9 points
- Colloquium on final session (oral test) –20 points
- summative assessment –0 - 100 points

Student's academic activity on practical sessions (0-5 points each, i.e. maximum 25 points in total) according to average (arithmetic mean) score on oral-tests. Assessment of every practical session (curatio) by 0-5 point grading scale (1 – point shifting: 0 - 1 - 2 -3 -4 -5), i.e. assessment criteria / unit is a point / score.

Assessment indicators:

Quality of academic performance of planned thematic questions, interactive involvement, reasoning activity.

Assessment is implemented at the end of every practical session (curatio) and student is informed . During curatio, the student has the opportunity to be awarded maximum 5 points by 5-point grading system. Assessment corresponds to cited characteristics and is adapted to the specific teaching topics and assessment scales:

0 point: no elementary or minor knowledge around the question.

1 point: the student knowledge is critically limited; does not went far beyond acquaintance with concepts and determinations;

2 points: the student knowledge of planned thematic issues is strictly limited; factually inaccurate and incapable at independent judgement;

3 points: the student knowledge on planned thematic issues is satisfactory; independent judgement around the relevant issue - limited;

4 points: good knowledge on planned thematic issues; independent and logical judgement;

5 points: fluent and deep knowledge on planned thematic issues; independent judgement, analytical reasoning, ability to make parallel and clinical extrapolation of the issues;

Practical (clinical) skills: every single manipulation will be assessed by 1-point grading system, in total - 9 manipulations (i.e. 9 points), demonstration will be performed on the patients:

1. Positioning the patient maximally comfortable in the dental chair and providing optimal approach to oral cavity; antiseptic (medicamentous) treatment of oral cavity; using basic diagnostic methods - inspection, percussion, palpation. Analysis of obtained results;
2. Detecting periodontal tissue bleeding degree and tooth losing degree;
3. Diagnosis using electric periodontal probe
4. Analysing of X-ray
5. Development of complex and maximally individual personalized plan of treatment; Processing/treatment of periodontal pockets using curettage instruments (scalers, cures, hooks, excavators, rasps, etc.); utilizing ultrasonic scalers in periodontal pocket therapy ;
6. Removing supragingival and subgingival derbits and plaque using Air-Flow (under supervision)
7. Treatment using Vector-system
8. Proper selection of antimicrobial (antibiotics and antifungal) medications on the basis of general somatic condition and microbiological examination
9. Selection of oral cavity hygienic means for every patient individually. Overall assessment of oral hygiene control.

Colloquium – in the form of interview / dialogue; assessment criteria/unit – point/score and implemented on the last colloquium-session. Ability of reasoning is of great importance for developing knowledge in Clinical Periodontology, and best way to demonstrate knowledge is an interactive form.

Colloq Colloquium (like the exam) is open, transparent with presence of of the group of students, in maximally favorable collegial academic environment.

Colloquium Assessment range - 0-5 points (1 – point shifting: 0 - 1 - 2 -3 -4 -5). Assessment logic is adapted to the colloquium content:

0 point: no elementary or minor knowledge around the issue.

1 point: the student's knowledge is critically limited; does not go far beyond acquaintance with concepts and determinations;

2 points: the student's knowledge on planned thematic issues is strictly limited; logical inaccuracies at independent judgement; no ability to correct inaccuracies after proper references;

3 points: the student's knowledge on planned thematic issues is satisfactory; few inaccuracies at independent judgement;

4 points: good knowledge on planned thematic issues; independent judgement, analytical reasoning;

5 points: fluent and deep knowledge in every component of the subject; logical judgement, ability to make extrapolation with relevant courses and/or clinical correlates;

Colloquium assessment is implemented at the end

of the session and is accessible to the student (20 points-in total).

In case of not-passing the planned test-exam within one working day after being acquainted with midterm assessment results and/or its components, a student will be entitled to pass make up test to the Head of the Department, (based on prior agreement), if the student's current academic performance is at least 2/3 of the maximum possible assessment scores prior to the test.

Final summative exam is conducted in a combined form: demonstration of clinical skills on simulated patient + oral examination.

The exam is assessed with 40% of the final grade (0-40 points).

The exam is open, with presence of the group of students, transparent, maximally favorable collegial academic environment. The examination ticket includes 4 issues; each is assessed by a 10-point grading scale.

Demonstration of practical skills/competences on simulated patient and submitting medical history will be beneficial to the student in gaining theoretical knowledge and clinical skills.

I.1. Demonstration of clinical skills on simulated patient - assessed by 0-5 points (see below)

I.2. submitting of Patient's medical history on the given diagnosis - assessed by 0-5 points (see below)

I.1.Issue - Demonstration of clinical skills on the simulated patient

The student should determine (one student working with one simulated patient) the following components:

- Periodontal pocket depth (0-0.5 point);
- Tooth losing degree (0-0.5 point);
- Bleeding degree (0-0.5 point);
- Evaluation of X-ray (0-1 point);
- Assessment of the results of microbiological study (0-0.5 point);
- Assure diagnosis (0-2.0 point);

I.2 issue - submitting of Patient's medical history on the given diagnosis - assessed by 0-5 points:

5 points – Full value Adequate and proper description of subjective and objective data of relevant diagnosis; developed examination plan. Provided correct treatment. Adequate selection of preparations (for local or general application) and correct dosages

4 points – Adequate description of subjective and objective data of relevant diagnosis; developed examination plan. Provided correct treatment. Selection of medications (for local or general application)

3 points – Description of subjective and objective data of relevant diagnosis; developed examination and treatment plan.

2 points – Inadequate description of subjective and objective data of relevant diagnosis; examination and treatment plan is inadequate as well.

1 point – Inadequate description of subjective and objective data of relevant diagnosis.

0 point – Fully insufficient description of subjective and objective data of relevant diagnosis.

The patient's medical history is assessed at the next stage of the exam and the assessment results are available to the student before the oral-examination.

Oral examination is an interactive form, when at teacher-student interview, a dynamic reasoning and individual features are considered as an objective way to assess the student's knowledge on this subject.

II-IV issues cover theoretical part of the subject. The student's knowledge will be assessed:

10 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning, ability to link acquired knowledge to clinical issues.

9 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning, ability to link acquired knowledge to clinical issues, but makes some minor mistakes;

8 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning; delay in linking acquired knowledge to clinical issues;

7 points – fluent knowledge around the issue; understands its meaning and content, logical and adequate reasoning; no ability to link acquired knowledge to clinical issues properly;

6 points – insufficient knowledge around the issue; no ability to understand its meaning and content or to link acquired knowledge to clinical issues properly;

5 points – partial knowledge around the issue; no ability to understand its meaning and content or to link acquired knowledge to clinical issues properly;

4 points – insufficient knowledge around the issue; no ability to understand its meaning and content;

3 points – insufficient knowledge even the essential aspects of the issue; no ability to understand its meaning and content properly;

2 points – fragmental knowledge around the issue; no ability to understand its meaning and content;

1 point – critically poor knowledge around the issue; no ability to understand its meaning and content;

0 point – no elementary or minor knowledge around the issue.

Oral diseases

The study course/discipline maximum assessment point is 100. Among them:

- Midterm assessment (sum of points allocated to knowledge assessment components) - 60 points

– Final exam is worth 40 points.

Ratio of midterm-test evaluation components:

- Student attendance on practical sessions – 0 - 6 points (15X 0.4 points),
- Student academic activity – 0-25 points

- Clinical skills – 0-9 points
- Colloquium verbal form – 0- 20 points
- Final(summative) exam – 0 -40 points
- Final assessment –0 - 100 points

Student's academic activity on practical sessions (0-5 points each, i.e. maximum 25 points in total) according to average (arithmetic mean) score on verbal-tests.

Student's academic activity assessment on each practical session (curatio) by 0-5 point grading scale (1 – point shifting: 0 - 1 - 2 -3 -4 -5), i.e. assessment criteria/unit is a point/score.

Assessment indicators:

Quality of academic performance of planned thematic questions, interactive involvement, reasoning activity.

Assessment is made at the end of every practical session (curatio) and student is informed. During curatio, the student has the opportunity to be awarded maximum 5 points by 5-point grading system. Assessment corresponds to cited characteristics and is adapted to the specific teaching topics and assessment scales:

0 point: no elementary or minor knowledge around the question.

1 point: the student knowledge is critically limited; does not went far beyond acquaintance with concepts and determinations;

2 points: the student knowledge of planned thematic issues is strictly limited; factually inaccurate and incapable at independent judgement;

3 points: the student knowledge on planned thematic issues is satisfactory; independent judgement around the relevant issue - limited;

4 points: good knowledge on planned thematic issues; independent and logical judgement;

5 points: fluent and deep knowledge on planned thematic issues; independent judgement, analytical reasoning, ability to make parallel and clinical extrapolation of the issues;

Practical skills: every single manipulation will be assessed by 1-point grading system, demonstration will be performed on the patients (9 points):

1. Placing patient in the dental chair comfortably and easy accessibility to her mouth
2. Collection of comprehensive medical history (anamnesis) and instrumental examination of face, oral cavity, tongue, red crust and oral mucous membrane;

3. Diagnosis of primary and secondary morphological elements of oral mucosa injury/damages
4. Implementation of additional methods of examination: radiography, sensitivity of oral microflora; assessment of the data of complete blood cell count (CBC) and biochemical analysis
5. Differential diagnosis of oral diseases
6. Development of complex and maximally personalized/individual plans of treatment of oral diseases; proper involvement of other specialists' consultations in treatment complex;
7. Antiseptic treatment of oral cavity; selection and use of local drugs at oral diseases;
8. Selection and dosage of general-used medications in oral diseases and use topical medication
9. Individual selection of oral hygienic facilities for patients with oral diseases; Providing recommendations to the patient after treatment.

The colloquium – in the form of interview / dialogue; assessment criteria/unit – point/score and implemented on the last colloquium-session. Ability of reasoning is of great importance for developing knowledge in oral disease and best way to demonstrate knowledge is an interactive form.

Colloquium (like the exam) is open, transparent with presence of the group of students, in maximally favorable collegial academic environment.

Colloquium Assessment range - 0-5 points (1 – point shifting: 0 - 1 - 2 -3 -4 -5). Assessment logic is adapted to the colloquium content:

0 point: no elementary or minor knowledge around the issue.

1 point: the student's knowledge is critically limited; does not go far beyond acquaintance with concepts and determinations;

2 points: the student's knowledge on planned thematic issues is strictly limited; logical inaccuracies at independent judgement; no ability to correct inaccuracies after proper references;

3 points: the student's knowledge on planned thematic issues is satisfactory; few inaccuracies at independent judgement;

4 points: good knowledge on planned thematic issues; independent judgement, analytical reasoning;

5 points: fluent and deep knowledge in every component of the subject; logical judgement, ability to make extrapolation with relevant courses and/or clinical correlates;

Colloquium assessment is implemented at the end of the session and is accessible to the student (20 points - in total).

In case of not-passing the planned test-exam within one working day after being acquainted with midterm assessment results and/or its components, a student will be entitled to pass make up test to the

Head of the Department, (based on prior agreement), If the student's current academic performance is at least 2/3 of the maximum possible assessment scores prior to the test.

Final (summative) exam is conducted in a combined form: situational clinical base task written + oral/verbal examination.

The exam makes up 40% of the final grade (0-40 points).

The exam is open, with presence of the group of students, transparent, maximally favorable collegial academic environment. The examination ticket includes 4 issues; each is assessed by a 10-point grading scale.

Demonstration of practical skills/competences on simulated patient and modeling medical history will be beneficial to the student in gaining theoretical knowledge and clinical skills.

Situational task will contribute to the student's to demonstrate his/her theoretical knowledge.

I issue: case based task question

Student's knowledge is assessed:

10 points – fluent knowledge around the question. Providing correct diagnosis, and differential diagnosis. Correctly selected medications and their dosages taking into account patient's general condition. Logical and adequate reasoning. Ability to link acquired knowledge to practical skills.

8 points – fluent knowledge around the issue. Providing correct diagnosis, developed treatment plan. Correctly selected medications and their dosages without taking into account patient's general condition. Logical and adequate reasoning.

6 points – Insufficient knowledge around the issue. Providing correct diagnosis, could not develop treatment plan. Not properly selected medications and their dosage .

4 points – Insufficient knowledge around the issue. Providing correct diagnosis, could not develop treatment plan. Not properly selected medications.

2 points – poor knowledge around the issue. Providing correct diagnosis, partially developed treatment plan. Not properly selected medications.

II-IV Questions will cover theoretical part of the subject. The student's knowledge will be assessed:

10 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning, ability to link acquired knowledge to clinical issues.

9 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning, ability to link acquired knowledge to clinical issues, but makes some mistakes;

8 points – fluent knowledge around the issue; understands its meaning and content, logical reasoning; delay in linking acquired knowledge to clinical issues;

7 points – fluent knowledge around the issue; understands its meaning and content, logical and adequate reasoning; no ability to link acquired knowledge to clinical issues properly;

6 points – insufficient knowledge around the issue; no ability to understand its meaning and content or to link acquired knowledge to clinical issues properly;

5 points – partial knowledge around the issue; no ability to understand its meaning and content or to link acquired knowledge to clinical issues properly;

4 points – insufficient knowledge around the issue; no ability to understand its meaning and content;

3 points – insufficient knowledge even the essential aspects of the issue; no ability to understand its meaning and content properly;

2 points – fragmental knowledge around the issue; no ability to understand its meaning and content;

1 point – critically poor knowledge around the issue; no ability to understand its meaning and content;

0 point – no elementary or minor knowledge around the issue.

If a student's overall grade (weighed midterm evaluation plus weighed final exam grade) is at least 51% she/he can take an exam (i.e. pre-requisites prior to take the exam minimum 11 points of summarized midterm components)