

**MINISTRY OF PUBLIC HEALTH
HIGH STATE EDUCATIONAL ESTABLISHMENT OF UKRAINE
«UKRAINIAN MEDICAL STOMATOLOGICAL ACADEMY
POLTAVA**

«Recommended»

at the meeting of Department of
Pediatric Therapeutic Stomatology
with Dental Diseases Prevention methodical
Head of the Department
Professor Kaskova L.F.
„_____” _____ 201_ y.

«Ratification»

Wise – prorektor
on the scientific and pedagogical
work in the HSEI Ukraine «UMSA»
prof. _____ Bobyrev V.N.
"____" _____ 201_y.

2017 – 2018 academic year

REFERENCE BOOK

FOR THE FORTH– YEAR DENTAL FOREIGN STUDENTS IN STUDYING
«PEDIATRIC DENTISTRY»

(Structure, aims, subject contain, principles of estimation, control questions)

Speciality : 7.110106 «Stomatology»

Poltava

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Educative discipline: “Therapeutic Pediatric Dentistry”

“Therapeutic Pediatric Dentistry” its complex and multicomponent specialty including the pediatric and dentistry skills.

Preparation and activity of such specialist require many forces, to mastery, time and energy.

Every specialist is worked with children must know the features of antenatal and postnatal periods of hard dental tissues, jaw bones, soft facial tissues development and formation, the character influence of mother and child health status on these processes, the different negative factors and its features of action for the further development and appearing stomatological diseases.

The pediatric dentist to be able to the features of clinical manifestation and pathological tendency in teeth and maxillofacial area of children, and also treatment methods and prevention of basic dental diseases in different age.

It is necessary to teach students to determine clinic tendency of diseases, carry out the dental diseases diagnostics and treatment in children of different age leaning on the knowledge got in general biological, clinical, stomatological and pediatric departments. It might be as well to prepare the doctor to be able to work in medical and preventive stomatological establishments of different levels after graduation internship.

Future doctor-stomatologist must know modern organization and management principles of treatment and prevention medical stomatological aid; to be able to organize the primary dental diseases prevention, carry out the dental doctoring (dispensing) and planning stomatological sanitation in child.

Therapeutic Pediatric Dentistry as an educative discipline:

- a) It's grounded on student previous studying knowledge of Human Anatomy, Histology, Embryology, and Cytology, Medical Biology, Medical Chemistry, Biological and bioorganic Chemistry, Microbiology, Virology and Immunology and integrated with these disciplines;
- b) It mortgages bases for the student studying of such clinical disciplines students as Dental Diseases Prevention, Paediatrics, Therapeutic Stomatology, Orthodontia;
- c) is based on the pedodontics of therapeutic stomatology profile disciplines study: the Propedeutic of Pedodontics (Therapeutic Stomatology and Therapeutic Pediatric Dentistry) and integrated with these disciplines;
- d) forms a view about professional responsibility with regard to treatment quality of caries and its complications, periodontal diseases and oral mucous diseases (OMD) in children and necessity of dental diseases prevention;
- e) forms an view about diagnostics, clinic and treatment of main stomatological diseases.

The Therapeutic Pediatric Dentistry program is involved the question of etiology and pathogenesis main stomatological diseases and mastering of theoretical material, practical diagnostics abilities and manual skills, treatment and prevention in studying of all discipline parts in logical sequence.

The educational process was organized according to the credit and module system and requirements of Bologna process.

The subject “Therapeutic Pediatric Dentistry” is studying in forth course consists of Module №1, 3-th semantic modules and themes. The auditory loading – 58,34%, IWS – 41,66%.

Quantity of educative hours – 120 (4 credits ECTS) consist with:

- lectures - 10 hours;
- practical employments - 60 hours;
- independent work of students - 50 hours.

The subject is studied at 4 course during seventh and eighth semesters.

The structure of discipline “Therapeutic Pediatric Dentistry”:

Module 1. “Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children”.

Content module 1. «The dental hard tissues lesions in primary and permanent teeth in children. Caries, enamel hypoplasia, dental fluorosis, heredity defects of dental hard tissue. Etiology, clinical tendency, diagnostic, differential diagnostic, treatment, prevention».

Content module 2. «Pulpitis in deciduous and permanent teeth. Etiology, diagnosis, differential diagnosis, treatment, prevention».

Content module 3. «Apical periodontitis in children temporary and permanent teeth. Etiology, diagnosis, differential diagnosis, treatment, prevention. Trauma of children temporary and permanent teeth».

№ module quantity of educative hours, quantity of credits of ECTS	Quantity of content module their numbers	Quantity of practical lessons	The minimal quantity of scores
<u>Module №1</u> 120/4,0 cr.	3 № 1,2,3	30 lessons (№ 1-27) <i>The estimation of content module 1, 2, 3.</i> 3 lessons (№ 15,23,30) Semester final attestation, final module control.	72

Notes: Whole the hours - 120. Credits is a 4,05. 1 credit of ECTS - 30 hours.
Audience loading - 58,34%, IWS - 41,66%.

**Finish aims of educative discipline “Therapeutic Pediatric Dentistry”:
according to the educative professional program (EPP):**

PP.004 To analyses the examination results in clinic of Pediatric Dentistry.

PP.0045 To determine character and principles of treatment of diseases in a Pediatric Dentistry.

PP. 0050 To define leading syndromes and symptoms in a clinic of Pediatric Dentistry.

PP.0075 To find out different clinical variants and complications of the most widespread diseases in the clinic of Pediatric Dentistry.

PP.0093 To demonstrate acquiring ethical and deontological principles of medical specialist and principles of professional subordination in the clinic of Pediatric Dentistry.

PP.00107 To diagnose the urgent states in the clinic of Pediatric Dentistry.

PP.00145 To render the necessary first aid at the urgent states in the clinic of Pediatric Dentistry.

PP.00150 To ground and formulate a preliminary clinical diagnosis in the clinic of Pediatric Dentistry.

PP.00155 To ground and formulate a syndrome diagnosis in the clinic of Pediatric Dentistry.

PP.00170 To plan the stomatological examination patient, interpret the results of laboratory and instrumental investigation of the most widespread diseases and qualified their complication in the clinic of Pediatric Dentistry.

PP.00179 To conduct differential diagnostics in the clinic of Pediatric Dentistry.

PP.00201 To conduct the primary and secondary prevention of the most widespread diseases in the clinic of Pediatric Dentistry.

III.00212 To put the final diagnosis of basic diseases in the clinic of Pediatric Dentistry.

4. The subject module description:

Module 1. “Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children”.

№	Theme	Quantity of the lectures
1	Acute and chronic pulpitis in temporary and permanent children teeth: etiology, pathogenesis, clinic, differentiate diagnosis and treatment.	2
2	Acute and chronic apical periodontitis in deciduous and permanent children teeth: etiology, pathogenesis, clinic, differentiate diagnosis and treatment.	2
3	Enamel hypoplasia: etiology, pathogenesis, clinic, diagnosis and treatment.	2
4	Heredity development defects of dental hard tissue. Etiology, pathogenesis, clinic, differentiate diagnosis and treatment.	2

5	Etiology, classification, diagnosis and medical treatment of caries at deciduous and permanent children teeth.	2
	Whole hours	10

4.2. The thematic plan of practical lessons.

№	The topic for the practical lessons for the VII semester	Quantity hour
Module 1. «Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children. »		
Content module 1. «The dental hard tissues lesions in primary and permanent teeth in children. Caries, enamel hypoplasia, dental fluorosis, heredity defects of dental hard tissue. Etiology, clinical tendency, diagnostic, differential diagnostic, treatment, prevention.»		
1	The briefing of worker safety in the dental surgery. Histogenesis of primary and permanent teeth. The terms of foundation, mineralization, eruption and the formation of temporary and permanent teeth in children.	2
2	Non-caries damage of teeth at children. Factors have made conditions for development of non-caries damage of teeth in embryonic and postembryonic period. The classification of development defects of dental hard tissue in children.	
3	Enamel hypoplasia: etiology, clinical current, diagnostic, differential diagnostic. Tactics of pediatric stomatologist apply to the different forms of diseases.	2
4	Dental fluorosis at children: etiology, pathogenesis, clinical symptoms, treatment. Dental restorative technique with of modern light-cure materials.	2
5	Heredity development defects of dental hard tissue: amelogenesis imperfecta, dentinogenesis imperfecta; dental dysplasia of Stainton – Capdepont. Clinical symptoms, diagnostic, tactics of pediatric stomatologist.	2
6	The modern conception about etiology and pathology of dental caries. Dental caries extension and intensity in children of different age. Factors have made an influence to morbidity level of caries in children. The clinical dental caries classification in children age.	2
7	The caries of deciduous teeth. The conformity of clinical manifestation and tendency. Diagnosis, differentiate diagnosis.	2
8	The treatment of caries in deciduous teeth. The features of caries cavities preparation and filling, choice of filling materials. Impregnation method using for caries treatment in deciduous teeth.	2

9	The caries of permanent teeth. The conformity of clinical manifestation and tendency. Diagnosis, differentiate diagnosis.	2
10	The treatment of caries in permanent teeth children of different age: the preparation and filling of different caries cavities accordant with the caries forms.	2
11	The treatment of caries in permanent teeth in children. Remineralization therapy: the indication for using, the control of efficiency.	2
12	General treatment of dental caries in children: planning, objects and methods.	2
13	Prevention of caries in permanent and primary teeth.	2
14	The mistakes and complication in diagnosis and treatment of caries in deciduous and permanent teeth. The prevention and removal of them.	2
15	The control of content module 1.	2

№	The topic for the practical lessons for the VIII semester	Quantity hour
Module 1. «Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children. »		
Content module 2. «Pulpitis in deciduous and permanent teeth. Etiology, diagnosis, differential diagnosis, treatment, prevention. »		
1	Anatomy-physiological features of dental pulp structure in children deciduous and permanent teeth. Etiology, modern conception about pathogenesis of pulpitis in children deciduous and permanent teeth. Classification of pulpitis.	2
2	The clinical current of pulpitis and it's conformities in children deciduous teeth. Diagnosis, differential diagnosis.	2
3	Medical treatment of pulpitis in children temporary teeth. Methods, indications. Technique for using. Prognosis.	2
4	The clinical current of pulpitis and it's conformities in children permanent teeth. Diagnosis, differential diagnosis.	2
5	Medical treatment of pulpitis in children permanent teeth. Conservative method. Indications. The technique of using. Prognosis.	2
6	Medical treatment of pulpitis in children permanent teeth. Vital and devital methods. Indications. The technique of using. Prognosis.	2
7	Mistakes in the time of diagnosis and medical treatment of pulpitis in children deciduous and permanent teeth. Complication and it's prevention and removal of them. Prevention of pulpitis	2

	in children.	
8	Control of content module 2.	2
Content module 3. «Apical periodontitis in children temporary and permanent teeth. Etiology, diagnosis, differential diagnosis, treatment, prevention. Trauma of children temporary and permanent teeth.»		
9	Anatomy and histologic structure and functions of periodontium in children different age. Periodontium in children different age: etiology, pathogenesis, classification. The clinical current of apical periodontitis and their conformities in children temporary teeth. Diagnosis, differential diagnosis.	2
10	Medical treatment of apical periodontitis in children temporary teeth. Indications for choice the medical treatment method. Technique of using. Prognosis.	2
11	The clinical current of apical periodontitis and their conformities in children permanent teeth. Diagnosis, differential diagnosis.	2
12	Medical treatment of apical periodontitis in children permanent teeth. Indications for choice the medical treatment method. Technique of endodontic manipulations in the permanent teeth with incomplete roots. Technique of using. Prognosis.	2
13	Mistakes in the time of diagnosis and medical treatment of apical periodontitis in deciduous and permanent children teeth. Complication and it's prevention and removal of them. The roentgenologic diagnosis of dental caries and it's complications in different children age.	2
14	Classification of trauma in deciduous and permanent children teeth. Clinic, diagnosis, medical treatment. The feasible complications. Prognosis. The control tests.	2
15	Defense of case history. The control of practical skills. The control of content module 3.	2
	WHOLE HOURS	40

4.3 Kinds of self-independent work.

№	Kind of self – independent work	Quantity of hours	Kind of control
1.	Preparation for the practical lessons – theoretical preparation and keep the practical skills numbers of the themes:). № 1 - 29 (29x1 hours).	29	Current control in the practical lessons
2.	Mastering for the writing of case history	5	Carry out the inspection of of content modules №3
3.	Self-independent studying of the themes didn't include in the plan of auditory lessons – topics:№ 4, 15, 27 (3 x 1 hours).	6	
	1. Esthetic restoration with modern composite materials technique using for children permanent teeth. Optical and cosmetic features of permanent teeth in children and teenagers.	2	Carry out the inspection of of content modules №1
	2. Application of the modern endodontic technique using for treatment of caries and its complication in temporary and permanent children teeth. Manual and machine technique, ultrasonic and laser technique of root canal treatment.	2	Carry out the inspection of of content modules №2
	3. Warm gutta percha and thermoplastic injection – molding gutta percha techniques used for feeling of root canals in children permanent teeth.	2	Carry out the inspection of of content modules №3
4	Preparing for the SCA	10	The final control of module
	Whole hours	50	

4.4. The list of individual work by the subject in studying the “Pediatric Dentistry” IV course, stomatological department. Module 1: «Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children».

1. To prepare the scientific literature review under studied themes:
2. Carry out the scientific researches under recommended themes:
 - The dental caries prevalence estimates taking into account his localization indicated in children and teenagers case histories;
 - The dental caries prevalence estimates taking into account his depth indicated in children and teenagers case histories;
 - the materials using for direct and indirect dental pulp cupping;
 - the different groups of stomatological filling materials using for filling of caries cavity taking into account lesion depth in children and teenagers;
 - the different groups of stomatological filling materials using for filling of caries cavity taking into account lesion localization in children and teenagers;
 - the different groups of stomatological root filling materials indicated in children and teenagers case histories;
 - application of modern endodontic machine and manual technics with using of ultrasonic and laser for the root treatment.
3. **To write a report on the themes:**
 1. The aesthetic restoration technique using the composite materials in permanent teeth. The optical characteristics of permanent teeth in children and teenagers;
 2. Heredity development defects of dental hard tissue: amelogenesis imperfect. Clinical manifestations, diagnosis, tactics pediatric dentist.
 3. Heredity development defects of dental hard tissue: dentinogenesis imperfecta; dental dysplasia of Stainton – Capdepont. Clinical symptoms, diagnostic, tactics of pediatric stomatologist.
 4. Instruments for carious cavities preparation. Dental finish polishing instruments;
 5. The objects using for isolation of operation area. Using of cofferdam in children age.
 6. The modern endodontic technique applied for treatment of caries complication in temporary teeth.
 7. The modern endodontic technique applied for treatment of caries complication in permanent teeth. Manual and machine technique, ultrasonic and laser for the root treatment;
 8. The root canals filling with in permanent teeth in children warm and thermoplastic injection – molding gutta percha.
 9. Drugs used for the treatment of caries complicated in temporary and permanent teeth in children. The methods of using.

10. The trauma of deciduous and permanent teeth. Classification. Clinic, diagnosis, medical treatment. Features of the manifestation in different periods. The feasible complications. Prognosis. The control tests.

4.5. Estimation of student educative activity.

Result of final module control is estimated by score (without traditional 2-5 mark). Maximal level – 80 points. Minimal level of final module control (semester final attestation) - 50 points. Maximum for module – 200 points.

Estimation method of the following educative activity.

Theoretical knowledge:

1. Control test.
2. Individual oral test (questioning).
3. Solution of the situation tasks.
4. Writing theoretical control test.

Practical tasks and skills:

1. Individual control of the practical skills and their checking in patient.

Estimation of the module 1 in studying for the forth – year dental students

«Peadiatric Dentistry»: «Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children. »

The student to get a mark accordant with traditional forth – scores schedule for the current practical lessons: «5», «4», «3», «2».

Progress of the scores is integrative (included all kinds of student work as auditory out- class, self- independent works). The student familiarized with evaluation indicators (marks) in the beginning of subject studying.

Marks:

“**Excellent**” – a student masters 90% of the theoretical material accordant to topic (following educative activity) or discipline part (final module control) as at asking as at test control, analyzes examination results, makes a right diagnosis and prescribes treatment in 100% of cases. A student knows modern enhances about asking question. A student motivates his answer in time, using additional literature.

“**Good**” – a student masters 80% of the theoretical material accordant to topic (following educative activity) or discipline part (final module control), makes insignificant mistakes and corrects them independently, solves tests. student masters 90% of practical skills, motivates his answer in time, demonstrating an intimate acquaintance with the base questions of discipline part.

“**Satisfactory**” – a student masters 60% of the theoretical material accordant to topic (following educative activity) or discipline part (final module control), masters 90% of practical skills, makes significant mistakes and isn’t able to correct them by answering the help questions, solving tests. A student can't answer in time, demonstrating no intimate acquaintance with the base questions of discipline part.

“Unsatisfactory” – a student hasn’t mastered 50% minimum of knowledge and practical skills accordant to topic (following educative activity) or discipline part (final module control). A student can't answer the help questions, gives not exact answers.

The marks are converted accordant with traditional forth – scores schedule to multiscores (maximum 120 scores). The current individual module successfulness it's necessary to convert after concluding control lesson.

The algorithm of marks conversion:

- a) The average mark (current general module successfulness of the student) calculated accordant with traditional forth – scores schedule to multiscores. The scores count with one hundred of mark;
- b) general module successfulness of the student contains the estimation of the self - independent work in average mark;
- c) The average marks of current module successfulness accordant with traditional forth – scores schedule multiplied on coefficient 24 it's a get to conversed multicores average mark.

If the average mark “2” accordant to traditional forth – scores its converted as 0 scores accordant to multiscores schedule. It is necessary to repeat an examination.

The concluding control module have to pass if the minimal scores of current general module successfulness are 3,0.

The “2” mark didn’t have to retake if the average mark of current general module successfulness more than 3,0 scores, but student has a chance to retake a bad mark.

The dean's office takes a permission to retake of bad marks “hour by hour” and this reworks recorded in the department journal “The register of the bad mark retake”.

Student has a chance to retake a bad mark all the years during a studying of «Paediatric Dentistry» but before a date of concluding control module. Its connected with the student who have an average marks 3,0 and more scores. The student should to retake the bad marks before begging of a new semester in that case when an average marks less 3,0 scores. He has a two once to retake a bad marks.

The student can to retake only two bad marks during one consultation. He can to retake four bad marks in the out – class day.

The dean's office takes a one permission to retake of one bad mark and it activity are reserved till receipt of positive result (the permission are guaranteed two tests after it student will take a new permission with explanation of rework reason).

The marks aren’t converted every lesson accordant with traditional forth – scores schedule to multicores.

The student has permission to concluding control test if he has a necessary minimal sum of scores and visited all the lessons during semester or rework missing of class. Minimal converted sum of scores for the current general module successfulness is 72 scores.

The student automatically passed the concluding module control if the he has 72 scores for the current general module successfulness within limits in 50-70 scores accordant to the rating principle (table 1.):

Table 1. The average scores of current module successfulness accordant with traditional forth – scores schedule corresponded to total marks current module successfulness and scores conversion for the current successfulness to rating indicator of CMC.

Average scores of the current successfulness accordant with traditional forth – scores	Total scores for current successfulness after conversion of the average scores	Rating indicator of CMC
2,00	0	Didn't have a permission to CMC
2,05	49	Didn't have a permission to CMC
2,10	50	Didn't have a permission to CMC
2,15	52	Didn't have a permission to CMC
2,20	53	Didn't have a permission to CMC
2,25	54	Didn't have a permission to CMC
2,30	55	Didn't have a permission to CMC
2,35	56	Didn't have a permission to CMC
2,40	58	Didn't have a permission to CMC
2,45	59	Didn't have a permission to CMC
2,50	60	Didn't have a permission to CMC
2,55	61	Didn't have a permission to CMC
2,60	62	Didn't have a permission to CMC
2,65	64	Didn't have a permission to CMC
2,70	65	Didn't have a permission to CMC
2,75	66	Didn't have a permission to CMC
2,80	67	Didn't have a permission to CMC
2,85	69	Didn't have a permission to CMC
2,90	70	Didn't have a permission to CMC
2,95	71	Didn't have a permission to CMC
3,00	72	50
3,05	73	50
3,10	74	51
3,15	75	51
3,20	77	52
3,25	78	52
3,30	79	53
3,35	80	53
3,40	82	54
3,45	83	54
3,50	84	55
3,55	85	55
3,60	86	56
3,65	87	56
3,70	89	57

3,75	90	57
3,80	92	58
3,85	93	58
3,90	94	59
3,95	95	59
4,00	96	60
4,05	97	60
4,10	98	61
4,15	99	61
4,20	101	62
4,25	102	62
4,30	103	63
4,35	104	63
4,40	106	64
4,45	107	64
4,50	108	65
4,55	109	65
4,60	110	66
4,65	111	66
4,70	113	67
4,75	114	67
4,80	115	68
4,85	116	68
4,90	118	69
4,95	119	69
5,00	120	70

Control module control is conducted at the finish lesson and realized accordant to the time – table (student has a permission to pass of concluding module).

The scores for the self-independent work (till 10 scores) pluses to rating indicator of CMC, this sum consist with quantity of scores for CMC (more than 80).

The module is passes if the student passed CMC in time (accordant to the time – table) and rework all missing lessons and lectures and got 3,0 scores as an average scores for current module successfulness (table 1.).

The term for debt liquidation of module

The credit and examination week is intends for debt liquidation of module after finish of studying subject.

The students are expelled from an academy if he didn't pass the CMC. The dean's office determined the reason of missing as “reasonable excuse” and gets permission for the student individual graphic with the leave of rector or vice – pro-rector of academy. The department given a subject marks accordant to traditional forth – scores on the base ground of average quantity of scores including all the module under the discipline program.

The realization method of the content module control

1. The control test.
2. Individual oral tests.
3. Individual control of the practical skills and their checking in patient.
4. The characteristic of proposed roentgenogram and make a correct preliminary diagnosis.

Control test provides the writing solve of 50 test tasks connected with different units of the «Pediatic Dentistry» course (duration of writing test is 50 minutes).

The estimation of the control test:

- 94 – 100% correct answers– «5» points,
- 76 – 93% correct answers– «4» points,
- 62 – 74% correct answers– «3» points,
- less 62% correct answers– «2» points.

It's necessary to go in for an examination once more if the student didn't collect 74% of correct answers.

The characteristic of roentgenogram:

Student must characterize the roentgenogram and determined the preliminary diagnosis accordant with proposed roentgenogram.

Individual control of the practical tasks and checking those results in patients

consist with one practical skills demonstration in the patient accordant with the list of the practical skills and tasks for current module control test (CMC) by the subject of «Pediatic Dentistry».

The control module test was passed by the subject of «Pediatic Dentistry» if the student attended of the full lectures course and practical lessons. The CMC is passed at the finish practical lesson of semester accordant to the time-table.

The result of the concluding module control is estimated in the scores (traditional forth-scores marks didn't use). Maximal quantity of scores for the concluding module control is 80 scores. Minimal quantity of scores for the concluding module control is 50 scores (the module is passes).

The concluding module control carries out after finish of subject studying.

The realization method of the final module control in discipline Pediatric dentistry

The final module control of Module 1 is carried out after VIII semester finish as semester final attestation (SFA), at requirement of full attendance of all lectures and practical classes. Students who have scored at least 72 points (the minimum number of points) for the current educational activity for studying the Module1 are allowed to take the module.

The final module control of the Module 1 discipline consists of three parts: solving the situational test problems; theoretical and practical.

1. Written decision of 50 situational test tasks in "Krok-2" form, which deal with all parts of the discipline "Children's Therapeutic Dentistry", included in Module 1.

Each of these situational tasks has only one correct answer. The time of written work is 50 minutes. This stage is the admission to the semester final attestation (SFA).

2. The theoretical part of the final module control (FMC) is adopted as semester final attestation (SFA): an oral response to 3 questions from the "List of Questions" to the FMC Module 1 from the discipline "Pediatric Therapeutic Dentistry";
3. The practical part of the FMC is a student demonstrates a practical skill from the "List of Practical Skills" for FMC Module 1 from the discipline "Pediatric Therapeutic Dentistry". This part is answered about patient's chair - 20 minutes.

The score for the module is determined by calculation the points of the current control and the final score with the addition of points for individual work.

A student who successfully passed FMC has the right to increase the assessment according to the traditional 4-point scale and the ECTS assessment in discipline only with the permission of the rector or vice-rector (no more than 3 FMCs for the whole period of study) only at the final course.

Evaluation of the discipline is only written if the student is enrolled in all modules. Discipline mark is written no later than next work day after the last final module control. Scale transfer of the average number of points for all modules provided by the program for the discipline in the traditional assessment on a 4-point scale for all departments is unified (according to the table).

The schedule of conversion average scores including all the module under the discipline program accordant to traditional forth – scores is single for all the department (table 2.):

Table 2. Transformation of average quantity of scores under the discipline program to traditional marks accordant to traditional forth – scores schedule.

The average scores including all the module scores under the discipline program	Traditional marks accordant to traditional forth – scores schedule
122 – 139,99	3
140 – 179,99	4
180 – 200	5

The subject marks isn't converted to ECTS.

The student who had passed successfulness all kind of concluding control tests has a chance to increasing the mark accordant to traditional forth – scores schedule and ECTS marks of the discipline with the leave of rector or vice – pro-rector of academy (it isn't more than 3 CMC during all time of education) and only in graduation course.

The stimulating scores should be account to average marks:

- The work in scientific chair class– 3-12 scores;
- authorship or co-authorship in scientific article writing, thesis – 6-20 scores;
- to take part in student quiz – 2-20 scores.

The stimulating scores account after finish of subject studying for the recommendation of department or dean's office and it must to approve academic council of department.

The sums of the subject average scores and stimulating scores aren't more than 200. The subject marks aren't converted with ECTS.

The subject marks of the ECTS estimated after ranking of claims for all the student who study the subject and successfulness master it after credit – rating weeks.

The ranking of claims carry out in dean's office and determination of ECTS mark realize accordant with the table 3:

Table 3. The determination of ECTS mark for the students are passed all the educational discipline module

ECTS marks	Statistical indices
A	best 10%
B	following 25%
C	following 30%
D	following 25%
E	last 10%
F	Student who didn't fulfill the educative plan under the subject in studying
NR	Student who didn't fulfill the educative plan under the subject in studying

The ECTS mark isn't converted to subject mark. The ECTS mark isn't changed the traditional marks got before ranking of claims.

If the student didn't pass may be one of module control before beginning of new semester he has a "bad" traditional mark for the subject and ECTS mark is "F". It's a extrinsic evidence for the dismissing of the student.

4.6 List the theoretical questions for the concluding module control 1:

"Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children."

Pediatric Therapeutic Dentistry for the students of forth year studying

1. The dental examination of child. The inspection of oral cavity. The sequence of patient examination. The estimation of dental status, oral mucous. The specialize dental examination of child.
2. Additional dental examination methods: physical, clinical and laboratory.
3. Anatomic and topographic anatomy of deciduous teeth in children, X-ray characteristics.
4. Anatomic and topographic anatomy of permanent teeth in children, X-ray characteristics.
5. Anatomic and topographic anatomy of permanent teeth in children with immature roots, X-ray characteristics.

6. Epidemiologic of main dental diseases children. To determine the prevalence, intensity, accretion and reduction of caries.
 7. The features of physiologic eruption in permanent and deciduous teeth in children. The terms of foundation, mineralization, eruption and formation of roots in children.
 8. The structure of dental enamel and her physiologic features.
 9. The structure of dentine, content, features, property. Describe the dentine tubulars, predentine, irregular dentine and sclerosis dentine. The features of temporary dentine.
 10. The terms of foundation, mineralization, eruption of deciduous teeth. The terms of formation and roots resorbtion of temporary teeth (according to the Vinogradova T.F.).
 11. The determination of unfavorable surrounding factors influenced to enamel resistance and methods of their disclosing. The features of low caries resistance of permanent teeth in first years after eruption.
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12. The preventive measures of dental caries according to the WHO recommended in children and their short characteristic.
 13. Common and local cariesogenic factors.
 14. Saliva: content, features and it role in enamel maturation.
 15. The protect mechanism of oral cavity. The specific and unspecific factors of local immunity in oral cavity.
 16. The role of sound nutrition in dental caries and periodontal diseases prevention. The pathways of carbohydrate level reduction.
 17. Theoretical grounding of artificial rise of dental enamel resistance after it eruption.
 18. The dental fissure caries prevention with fissure sealants. The hermetization methods indications and contraindications, efficiency.
 19. The algorithm of dental fissure caries hermetization. Kinds of hermetic materials, it features efficiency.
 20. Method of application of sealants. Types of sealants, their properties, efficiency.
 21. The hygienic indices of oral cavity using for examination in children. The role of individual hygiene measures for caries prevention.
 22. Enamel hypoplasia: the etiological factors that cause the development of hypoplasia; pathogenesis.
 23. Classification of enamel hypoplasia. Patterns of clinical manifestations of various forms of hypoplasia.
 24. Hypoplasia, aplasia, dysplasia of the enamel: a clinic, diagnostics, differential diagnostics, treatment, prevention.
 25. Types of systemic enamel hypoplasia: clinic, diagnosis, differential diagnosis, treatment.
 26. The local enamel hypoplasia: etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment.

27. "Tetracycline tooth". Etiology, pathology, clinic, diagnosis, differentiate diagnosis, treatment.
28. Influence of syphilitic infection on the development of hard tooth tissues (teeth of Getchinson, Pfluger, Fournier). Clinic, diagnosis, differential diagnosis.
29. Hereditary malformations of dental tissues. Clinic, diagnosis, differential diagnosis, treatment.
30. Amelogenesis imperfecta: etiology, pathology, clinic, diagnosis, differentiate diagnosis, treatment.
31. Imperfect dentinogenesis: etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment.
32. Stanton-Capdepon's syndrome: clinical picture, differential diagnosis, treatment.
33. Fluorosis of the teeth: clinic, diagnosis, differential diagnosis, treatment.
34. Classification of fluorosis, patterns of clinical manifestations of different degrees of severity of dental fluorosis, differential diagnosis, features of the treatment.
35. Etiology and pathogenesis of caries in children. Classification of caries EV Borovskogo, P.A. Leusa (1979), T.F. Vinogradova (1987), L.O. Khomenko (1999).
36. The mechanism of the acquisition of enamel resistance to caries in the process of functioning of the teeth.
37. Modern concept of the pathogenesis of caries (Nikiforuk, 1985).
38. Pathological morphology of dental caries. Enamel zones: transparent zone, dark zone, demineralization zone, surface zone. 5 zones of pathological changes in dentin.
39. Features of the course of caries of temporary teeth at the stages of root formation and resorption.
40. Features of the course of caries of permanent teeth at the stages of formation of their roots.
41. Clinical signs of different forms of caries of permanent teeth during the period of the molded root.
42. Initial dental caries in children: clinic, diagnosis, treatment.
43. Superficial caries of teeth in children: clinic, diagnosis, treatment.
44. Average caries of temporary teeth in children: clinic, diagnosis, treatment.
45. Average caries of permanent teeth in children: clinic, diagnosis, treatment.
46. Treatment of medium caries in temporary and permanent teeth in children.
47. Deep caries of temporary teeth in children: clinic, diagnosis, treatment.
48. Treatment of deep caries in temporary teeth in children.
49. Deep caries of permanent teeth in children: clinic, diagnosis, treatment.
50. Treatment of deep caries in permanent teeth in children.
51. Differential diagnosis of dental caries in children.
52. Differential diagnosis of initial caries with enamel hypoplasia.
53. Differential diagnosis of the initial caries with fluorosis.
54. Impregnational method of treatment of caries: indications, preparations, a technique of application.
55. Remineralizing therapy in the treatment of dental caries, non-carious lesions and their prevention.

56. Treatment of acute and chronic initial caries of permanent teeth in children.
57. Treatment of decompensated form of caries in children.
58. Exogenous prophylaxis of dental caries: methods and means.
59. Endogenous prevention of dental caries: methods and means.
60. Features of the formation of a carious cavity in temporary and permanent teeth in children when filling various kinds of filling materials (cements, compomers, composites, armacies).
61. Selection and characterization of filling materials for temporary teeth. Classification of filling materials. The basic requirements for them. Method of filling.
62. Treatment of caries of permanent teeth in children. Modern medicines and filling materials.
63. Errors and complications in the diagnosis and treatment of dental caries in children: a characteristic, ways of elimination and prevention.
64. Classification of pulpitis in children by T. Vinogradova. (1978), O. Yavorskaya, L.I. Urbanovich. (1961). Etiology and pathogenesis of pulpitis in children.
65. Features of the structure of the pulp of temporary teeth in children, depending on the period of development of the root of the tooth.
66. Features of the structure of the pulp of permanent teeth in children, depending on the period of development of the root of the tooth.
67. Acute serous pulpitis of temporary teeth. Clinic, diagnosis.
68. Acute purulent pulpitis of temporary teeth in children. Clinic, diagnosis.
69. Acute pulpitis of temporary teeth with involvement of periodontal and regional lymph nodes in the process. Clinic, diagnosis.
70. Hyperemia of pulp in permanent teeth in children: pathological anatomy, clinic, differential diagnosis.
71. Acute serous partial pulpitis of permanent teeth in children. Clinic, diagnosis.
72. Acute serous total pulpitis of permanent teeth in children. Clinic, diagnosis.
73. Acute purulent partial pulpitis of permanent teeth in children. Clinic, diagnosis.
74. Acute purulent general pulpitis of permanent teeth in children, clinic, diagnosis.
75. Chronic fibrous pulpitis: etiology, pathogenesis, clinic, diagnostics.
76. Chronic proliferative pulpitis: etiology, pathogenesis, clinic, diagnostics.
77. Chronic proliferative hypertrophic pulpitis: etiology, pathogenesis, clinic, diagnostics.
78. Chronic gangrenous pulpitis: etiology, pathogenesis, clinic, diagnostics.
79. Exacerbation of chronic pulpitis of temporary teeth in children, clinic, diagnosis.
80. Exacerbation of chronic pulpitis of permanent teeth in children, clinic, diagnosis.
81. Acute traumatic pulpitis in permanent teeth in children: pathological anatomy, clinic, differential diagnosis.
82. Differential diagnosis of pulpitis in children.
83. Biological method of treatment of pulpitis of permanent teeth in children: indications, procedure. Choice of pharmacotherapeutic drugs.
84. Vital amputation in the treatment of pulpitis of permanent teeth in children. Method of application. Choice of pharmacotherapeutic drugs.

85. Vital subtotal and total pulpectomy in the treatment of pulpitis of permanent teeth in children. Indications, methods of application.
86. Selection of filling materials for the root filling in the treatment of pulpitis of temporary teeth in children. Positive and negative properties of materials.
87. Selection of filling materials for the root filling in the treatment of pulpitis of permanent teeth in children. Positive and negative properties of materials.
88. Devital amputation method of treatment of pulpitis of temporary teeth in children. Indications and contraindications. Method of conducting. Selection of materials for medicinal pastes.
89. Devital amputation method of treatment of pulpitis of permanent teeth in children. Indications and contraindications. Method of conducting. Selection of materials for medicinal pastes.
90. Devital extirpation method of treatment of pulpitis of temporary teeth in children. Indications. Method of conducting.
91. Devital extirpation method of treatment of pulpitis of permanent teeth in children. Indication. Method of conducting.
92. Errors in the treatment of pulpitis in children, their prevention and elimination.
93. The structure of periodontal temporary teeth in children, taking into account the period of development of the roots. Types and types of root resorption of temporary teeth.
94. The structure of the periodontal of permanent teeth in children, taking into account the period of development of the roots.
95. Etiology and pathogenesis of periodontitis of temporary and permanent teeth in children. Classification of periodontitis in children.
96. Acute serous periodontitis of temporary teeth in children. Clinic, diagnosis.
97. Acute purulent periodontitis of temporary teeth in children. Clinic, diagnosis.
98. Acute serous periodontitis of permanent teeth in children. Clinic, diagnosis.
99. Acute purulent periodontitis of permanent teeth in children. Clinic, diagnosis.
100. Chronic granulating periodontitis of temporary teeth in children, clinic, diagnostics.
101. Chronic granulating periodontitis of permanent teeth in children. Clinic, diagnosis.
102. Chronic granulating osteitis of temporary teeth in children. Clinic, diagnosis.
103. Chronic fibrous periodontitis of permanent teeth in children. Clinic, diagnosis.
104. Chronic granulomatous periodontitis of permanent teeth in children. Clinic, diagnosis.
105. Chronic periodontitis of permanent teeth with incomplete formation of roots. Clinic, diagnosis.
106. Differential diagnosis of periodontitis in children.
107. Limits of conservative treatment of periodontitis in children.
108. Treatment of acute periodontitis of temporary teeth. Selection of materials for temporary fillings.
109. Treatment of acute periodontitis of permanent teeth. Selection of materials for temporary fillings.

110. Acute toxic and traumatic periodontitis: pathological anatomy, clinic, differential diagnosis and treatment.
111. Exacerbation of chronic periodontitis in temporary and permanent teeth in children: clinical features and differential diagnosis.
112. Marginal periodontitis: causes of development, features of the clinic and treatment of acute and chronic marginal periodontitis.
113. Physiotherapeutic methods of treatment of periodontitis in children: indications for use, preparations, procedure.
114. Treatment of chronic periodontitis of temporary teeth in children. Selection of material for the root filling.
115. Treatment of chronic periodontitis of permanent teeth in children. Selection of material for the root filling.
116. Treatment of exacerbations of chronic periodontitis of permanent teeth in children. Selection of material for the root filling.
117. Treatment of acute periodontitis of permanent teeth with unformed roots. Selection of medicines and materials for the root filling.
118. Treatment of chronic periodontitis of permanent teeth with unformed roots. Selection of medicines and materials for the root filling.
119. Errors and complications in the treatment of periodontitis in children. Methods for their elimination.
120. Traumatic injuries of temporary and permanent teeth in children: clinical manifestations, choice of method of treatment.

4.7. The list of practical skills for the concluding module controle 1:

«Clinic, diagnosis, treatment of caries, non- caries damage of teeth, caries complication in primary and permanent teeth in children».

1. To be able to carry out the examination of oral cavity.
2. To be able to design ambulatory case of dentist patient history.
3. To be able to diagnose and conduct differential diagnostics of various forms dental caries in temporary and permanent teeth in children.
4. To carry out the impregnate treatment method using for temporary teeth with caries (the silver-plating method).
5. To be able to prepare carious cavities I-V classes in temporary and permanent teeth with taking into account of kind of filling materials.
6. To carry out the remineralizative therapy for the initial caries.
7. Able to treat acute profound caries with application of calcium-content remedies and zincoxide- eugenol pasts in temporary and permanent teeth in children.
8. Able to appointment the general treatment of caries.
9. Able to choose the method of pulpitis treatment in temporary or permanent teeth taking into account the form of pulpitis and dental development periods.
10. To carry out the local anaesthesia for the treatment of dental caries and its complication in children.
11. To be able to treat pulpitis with conservative methods in children.
12. To carry out the vital pulp amputation in permanent teeth in children.
13. To carry out the vital pulp extirpation in permanent teeth in children.
14. To carry out the devital pulp amputation in permanent and temporary teeth in children.
15. To carry out the devital pulp extirpation in permanent and temporary teeth in children.
16. To be able to choose the root filling materials and filling materials taking into account the period of permanent and temporary teeth development.
17. To be able to choose the treatment method for apical periodontitis in temporary teeth.
18. To be able to conduct mechanical treatment of root canals in temporary and permanent teeth account the root stage development.
19. To be able to conduct medicament treatment of root canals in temporary and permanent teeth account the root stage development.
20. To carry out the temporary obturation of root canals in permanent teeth with calcium-content remedies in children.
21. To be able to choose the root filling materials taking into account the period of permanent and temporary root canals development.
22. To be able to filling root canals in permanent and temporary root canals development.
23. To be able to read and analyse roentgenogram of teeth and bones of maxillufacial area in children of different age.
24. To be able to diagnose the acute trauma of temporal teeth in children.
25. To be able to choose the treatment tactics and carry out the treatment for acute trauma of temporal teeth in children.
26. To make a diagnosis of acute trauma in temporary teeth in children.

27. To make a diagnosis of acute trauma in permanent teeth in children.
28. To be able to choose the treatment tactics and carry out the treatment for acute trauma of permanent teeth in children.

4.8. Recommended literature:

Basic literature:

1. Kaskova L.F., Vashchenko I.Yu. Dental Diseases in the Practice of the Pediatric Therapeutic Dentistry. / Methodical recommendation. Part 1. - Poltava, 2010. - 156p.
2. Kaskova L.F., Vashchenko I.Yu. Dental Diseases in the Practice of the Pediatric Therapeutic Dentistry. / Methodical recommendation. Part 1. - Poltava, 2010. - 143p.
3. Kaskova L.F., Vashchenko I.Yu. Propaedeutics of Pedodontics. / L.F. Kaskova, I.Yu. Vashchenko. // Methodical recommendation – Poltava, 2007. – 156.
4. Peter Heasman. Restorative Dentistry, Pediatric Dentistry and Orthodontics. - Churchill Livingstone. – 2003. – P. 378.

Additional literature:

1. TR Pitt Ford, JS Rhodes, HE Pitt Ford. Endodontics Problem-Solving in Clinical Practice. –2002, Martin Dunitz Ltd. – 206 p.
2. Advanced Endodontics by Nageswar Rao R. -2009. – 374p.
3. Harty's Endodontics in Clinical Practice 6th Edition by Bun San Chong. – 2010, Churchill Livingstone. – 312p.
4. Handbook of Clinical Techniques in Pediatric Dentistry by Jane A. Soxman. - Wiley-Blackwell: 2015. – 208p.
5. Paediatric Dentistry at a Glance / Monty Duggal, Angus Cameron, Jack Toumba. - Wiley-Blackwell: 2012. – 120p.
6. Pediatric Dentistry: A Clinical Approach, 3rd Edition / Goran Koch, Sven Poulsen, Ivar Espelid, Dorte Haubek. - Wiley-Blackwell: 2016. – 408p.

Basic Ukrainian literature:

1. Хоменко Л.О. та спів. Терапевтична стоматологія дитячого віку. -Київ: «Книга плюс», 2001. - 524с.
2. Пропедевтика дитячої терапевтичної стоматології (за ред. проф. Л.О.Хоменко). – К.: «Книга Плюс», 2011. - 320с.
3. Хоменко Л.А., Остапко Е.И., Биденко Н.В. Клинико-рентгенологическая диагностика заболеваний зубов и пародонта у детей и подростков.- Киев: «Книга плюс», 2004. - 200с.
4. Хоменко Л.А., Биденко Н.В. Практическая эндодонтия: инструменты, материалы и методы. – Киев: «Книга плюс», 2002. - 216с.
5. Биденко Н.В. Стеклоиономерные материалы и их применение в стоматологии. – Киев: «Книга плюс», 2003. –144с.
6. Хоменко Л.А., Савичук А.В., Биденко Н.В., Остапко Е.И. и др. Профилактика стоматологических заболеваний: учебное пособие. – Ч.1. –К.: «Книга Плюс», 2007. – 127с.
7. Хоменко Л.А., Савичук А.В., Биденко Н.В., Остапко Е.И. и др. Профилактика стоматологических заболеваний: учебное пособие. – Ч.2. –К.: «Книга Плюс», 2008. – 132 с.

8. Профілактика стоматологічних захворювань: підруч. для студ. вищих мед. навч. закл. /Л.Ф. Каськова, Л.І. Амосова, О.О. Карпенко, О.В. Хміль [та ін.]; за ред. проф. Л.Ф. Каськової. – Х.: «Факт», 2011. –392с.

Дополнительная литература:

1. Борисенко А.В. Терапевтична стоматологія. Карієс. Пульпіт. Періодонтит. Ротовий сепсис – К.: «Медицина», 2010, Т 2. - 560с.
2. Борисенко А.В. Композиционные пломбировочные материалы, Киев: «Книга плюс», 1998.
3. Борисенко А.В., Неспрядько В.П. Композиционные материалы в терапевтической и ортопедической стоматологии. - Киев: «Книга плюс», 2001. - 195с
4. Боровский Е.В., Иванов В.С., Максимовский Ю.М., Максимовская Л.Н. Терапевтическая стоматология. – М.: «Медицина», 1998. –736с.
5. Боровский Е.В., Жохова Н.С. Эндодонтическое лечение. – М.: «Медицина», 1997. – 64с.
6. Боровский Е.В., Леонтьев В.К. Биология полости рта. – М.: «Медицина», 1991. –198с.
7. Виноградова Т.Ф. Стоматология детского возраста (руководство для врачей). – М.: «Медицина», 1987.- 528с.
8. Виноградова Т.Ф. Диспансеризация детей у стоматолога. / 2-е изд., перераб. и доп. – (Б-ка практ.врача. Важнейшие вопросы стоматологии). – М.: «Медицина», 1988. –256 с.
9. Грошиков М.И. Некариозные поражения тканей зуба. – М.: «Медицина», 1985.– 176с.
10. Даггел М.С. и соавт. Атлас реставрации молочных зубов. - Москва: «Лори», 2001.
11. Данилевський М.Ф., Сидельникова Л.Ф., Рахній Ж.І. Пульпіт. – К.: «Здоров'я», 2003. –168с.
12. Дельцова О.І., Чайковський Ю.Б., Геращенко С.Б. Гістологія та ембріогенез органів ротової порожнини: навчальний посібник.- Коломия: ВПТ «Вік», 1994. – 94с.
13. Ключева С.К., Мороз Б.Т. Основы генетики для стоматологов. – СПб.: ООО«МЕДИА издательство», 2005. – 68с.
14. Колесов А.А. Стоматология детского возраста. – 4-е изд. - М.: «Медицина», 1991. – 464с.
15. Корчагина В.В. Лечение кариеса зубов у детей раннего возраста. – М.: «МЕДпресс-информ», 2008. – 168 с.
16. Костромская Н.Н., Глотова О.Н. Лечебные и изолирующие прокладки в стоматологии. – М.: «Медкнига», - Н. Новгород: Изд-во НГМА, 2001. – 80с.
17. Курякина Н.В. «Терапевтическая стоматология детского возраста» М.: «МИА», 2007. - 632с.
18. Лечение и реставрация молочных зубов (иллюстрированное руководство по лечению и реставрации кариозных молочных зубов): Пер. с англ. / М.С. Даггал, М.Е.Дж. Керзон, С.А. Фэйл и др. - М.: МЕДпрессинформ, 2006. - 160с.
19. Максимовская Л.Н., Рощина П.И. Лекарственные средства в стоматологии: Справочник. – 2-е изд. - М.: «Медицина», 2000. –240с.
20. Макеева И.М. Восстановление зубов светоотверждаемыми композитными материалами. – М.: «Медицина», 1997. –72с.
21. Николаев А.И., Цепов Л.М. Практическая терапевтическая стоматология: учебное пособие /А.И.Николаев, Л.М.Цепов. – 8-е изд. – М.: «МЕДпресс-информ» , 2008.- 960 с.
22. Николишин А.К. Современная эндодонтия практического врача. – Полтава, 2003. – 208 с.
23. Патерсон Р., Ваттс А., Саундере В., Питтс Н. Современные концепции в диагностике и лечении кариеса фиссур. Обзор клинических методов и материалов. – Лондон : Изд-во «Квинтэссенция», 1995. – 78с.
24. Пахомов Г.Н., Леонтьев В.К. Атравматическое восстановительное лечение кариеса зубов. - Москва - Женева. 2002. -112с.
25. Персин Л.С., Елизарова В.М., Дьякова С.В. Стоматология детского возраста. - М.: «Медицина», 2003. - 640с
26. Попруженко Т.В. Профилактика основных стоматологических заболеваний /Т.В.Попруженко, Т.Н.Терехова. – М.: «МЕДпресс-информ», 2009. – 464с.
27. Ральф Е. Мак-Дональд К, Дейвид Р. Эйвери Стоматология детей и подростков. - М.: «Медицинское информационное агентство», 2003. - 766с.

28. Рубахина Н.А., Аржанцев А.П. Рентгенодиагностика в стоматологии. – М.: «МИА», 1999. – 450с.
29. Садовский В.В. Клинические технологии блокирования кариеса. – М.: «Медицинская книга», 2005. – 72с.
30. Сайфуллина Х.М. Кариес зубов у детей и подростков: Учебное пособие. – М.: «МЕДпресс-информ», 2000. – 96с.
31. Сырбу Н.И. и соавт. Пульпиты у детей. – Кишинев: «Штиинца», 1979. – 98с.
32. Стоматология детей и подростков / Перевод с англ. Под ред. Р.Е.Мак-Дональда, Д.Р.Эйвери. – М.: «МИА», 2003. – 766с.
33. Справочник по детской стоматологии (Под редакцией А.С. Cameron, R.P. Widmer / Перевод с англ. По ред. Виноградовой Т.Ф, Гинали Н.В., Топольницкого О.З. – М.: «МЕДпресс-информ», 2003. – 288с.
34. Удовичька О.В., Лепорська Л.Б. Дитяча стоматологія. -К.: «Здоров'я», 2000. – 296с.
35. Хельвиг Э., Климек Й., Аттин Т. Терапевтическая стоматология / Под ред. проф. А.М.Политун, проф. Н.И. Смоляр. Пер. с нем. – Львов: «ГалаДент», 1999. – 409с.
36. Чупрынина Н.М., Воложин А.И., Гинали Н.В. Травма зубов. – М.: «Медицина», (Б-ка практ. врача. Важнейшие вопросы стоматологии). 1993. – 160с.

Информационные ресурсы

1. Информационные ресурсы вузовской библиотеки.
2. Электронные информационные ресурсы вузовской библиотеки:
 - Электронный каталог библиотеки.
 - Информационно-справочные источники: энциклопедии, справочники, словари
 - Учебные электронные издания и ресурсы: пособия, которые содержат систематизированный материал в рамках программы учебной дисциплины.
3. Информационные ресурсы в сети Интернет:
 - Интернет-каталоги и коллекции ссылок.
 - Медицинские web- серверы и web-странички:
 - MedWedi.ru – портал бесплатной медицинской литературы
 - Dis.academic.ru – словари и энциклопедии
 - Mediclab (medical information portal)
 - <http://www.Swissimplant.ru/glossary.php>
 - www.wikident.ru/index.php
 - www.eurolab.ua/encyclopedia
 - MedUniver.com
 - Medical.diss.com
 - Базы данных.
 - Архивы электронных текстов и виртуальные библиотеки.
 - Библиографические пособия.
 - Медицинские организации (ассоциации, научные общества).
 - Научно-исследовательские центры и институты.
 - Медицинское образование.
 - Лечебные учреждения.
 - Новости.
 - Полезные ссылки.