



CD 8.5.1 CURRICULUM DISCIPLINĂ PENTRU
STUDII UNIVERSITARE

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FACULTY OF STOMATOLOGY
STUDY PROGRAM 0911.1 STOMATOLOGY
CHAIR OF STOMATOLOGICAL PROPAEDEUTICS "PAVEL GODOROJA"

APPROVED
at the meeting of the Committee for Quality
Assurance and Evaluation of the Curriculum
Faculty of Stomatology
Minutes No. 1 of 22.09.2020
Committee president, PhD, DMS,
Associate professor,
Stepco Elena [Signature]

APPROVED
at the Council meeting of the Faculty of
Stomatology
Minutes No. 2 of 30.09.2020
Dean of Faculty of Stomatology,
PhD, DMS, Associate professor,
Solomon Oleg [Signature]

APPROVED
at the meeting of the chair of
Stomatological Propaedeutics "Pavel Godoroja"
Minutes nr. 3 from 18.09.2020
Head of chair, PhD, DHMS, Associate professor,
Uncuța Diana [Signature]

CURRICULUM

DISCIPLINE: PRECLINICAL PERIODONTOLOGY

Integrated studies

Course type: **Compulsory discipline**

Chișinău, 2020



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I. PRELIMINARIES

- **General presentation of the discipline: place and role of the discipline in the formation of specific competencies for professional development program/specialty.**

“Preclinical Periodontology” is an indispensable department as for clinical periodontology so for other disciplines of modern dentistry. Important contributions brought by preclinical and fundamental medical disciplines: biochemistry, histology, pathophysiology, microbiology and immunology, have allowed the elucidation of the mechanisms of processes in the intimacy of tissues and especially at the level of initial periodontal attack, represented by the gingival-dental sulcus. This discipline had to consider not so much to save teeth compromised by advanced disease, or its stages and capture them early, reversible, or even more, preventing the disease through preventive measures and keeping dental periodontal tissues in perfect health. In preclinical periodontology, is studying fighting primary etiological factors, bacterial plaque, an effective control of the bacterial plaque by maintaining a rigorous buccal hygiene, through professional cleaning, suppressing of periodontal pockets inflammation. The “Preclinical Periodontology” is a fundamental step in the preparation of specialists.

- **The aim (mission) of curriculum in professional training**

The “Preclinical Periodontology” is to integrate the accumulated knowledge, of future dental doctors gained during the dental disciplines, to provide a better, inoffensive and more efficient dental care according to the strictest requirements. In the same time, the methods described in the clinical and paraclinical examination has the purpose to develop the skills and preclinical thinking of students oriented to accumulation of competencies in determination of the optimal methods for diagnosis, prophylaxis and patient treatment with increase in their life quality.

- **Discipline teaching languages:** Romanian, Russian and English.
- **Beneficiaries:** 2nd year students, Faculty of Stomatology.

II. DISCIPLINE ADMINISTRATION

Discipline code		S.04.O.040	
Discipline name		Preclinical Periodontology	
Responsible for discipline		Uncuța Diana, PhD, DHMS, associate professor, head of chair	
Year	II	Semester	IV
Total number of hours, including:			150
Lectures	17	Practical courses	17
Seminars	34	Individual work	82
Evaluation form	E	Number of credits	5

III. THE TRAINING OBJECTIVES OF THE DISCIPLINE

- **At the level of understanding and knowledge:**
- ✓ To know the topographical anatomy of the marginal and deep periodontium (gingiva, supra alveolar



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ligaments, cementum, periodontium, alveolar bone);

- ✓ To know the notion of periodontology, its objectives and tasks;
- ✓ To know the anatomical and topographical peculiarities of dental gingiva, junction and gingival sulcus formation;
- ✓ To know bacterial plaque revealers and its index determination by different authors;
- ✓ To know the formation stages and the chemical composition of sub and supra gingival calculus;
- ✓ To understand the role and importance of oral hygiene assessment indicators and periodontal disease status;
- ✓ To know methods and techniques for determining dental mobility;
- ✓ To know the peculiarities and stages of the clinical examination of the patient with periodontal disease;
- ✓ To know the particularities and options of paraclinical examination of the patient with periodontitis;
- ✓ To know the instruments and devices needed for a cabinet with periodontal profile;
- ✓ To know how to record the periodontal card in the patient's medical card.

• *Application level:*

- ✓ To be able to do periodontal probing;
- ✓ To be able to determine the presence of periodontal pockets;
- ✓ To be able to determine the deepness of periodontal pockets;
- ✓ To be able to distinguish the false periodontal pockets from the true ones;
- ✓ To distinguish the problems that appear during communication process and be able to solve them;
- ✓ To be able to perform the clinical examination of the patient (objective examination);
- ✓ To be able to determine dental mobility by different methods;
- ✓ To be able to determine the bacterial plaque assessment indicators;
- ✓ To be able to apply plaque revealers;
- ✓ To be able to determine the methods of paraclinical examination required in each individually case;
- ✓ To be able to apply the knowledge gained in solving the situational problems and the usual tests;
- ✓ To be able to highlight data of major importance for the diagnosis establish;
- ✓ To be able to collect patient data and anamnesis (subjective examination);
- ✓ To be able to fill the patient's medical chart;
- ✓ To be able to describe the antiseptic substances used in periodontology and their indications.

Integration level:

- ✓ To appreciate the type of data collection depending on patient (dialog, questionnaire, mixed);
- ✓ To appreciate the patient's satisfaction degree according to different criteria;
- ✓ To assign the necessary instruments depending on their aim;
- ✓ To ensure respect for medical ethics and deontology;
- ✓ To appreciate the patient's problem with determination of required paraclinical examination necessary for periodontal diagnosis;
- ✓ To have the skills to implement and integrate the knowledge acquired in the domain of periodontology;
- ✓ To evaluate the level of periodontal disease;
- ✓ To be able to assimilate new developments in periodontology.

IV. PRECONDITIONS AND EXIGENCIES

Knowing and compliance with the ethical, moral and professional rules in relation with the patients.



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Knowing of aim and tasks of preclinical periodontics. Knowing of anatomical and topographical peculiarities of the marginal and profound periodontium (gingiva, supraalveolar ligaments, cementum, periodontium, alveolar bone). Knowing and using of instruments for sub and supragingival calculus removing. Knowing and using of manual and sonic techniques for dental calculus removing. Knowing the clinical and paraclinical examination methods and stages applied in periodontology. Knowing the prophylactic methods of periodontal diseases. To ensure respect for medical ethics and deontology. Knowing the informational sources required for periodontology.

V. THEMES AND ORIENTATIVE DISTRIBUTION OF HOURS

Nr. d/o	THEME	Number of hours			
		Cours es	Semi- nars	Pra- ctice	Indivi dual
1.	The structure of the marginal periodontium. Superficial periodontium (gingiva, supraalveolar ligaments). The notion of marginal periodontium. The main components of the marginal periodontium. Basic functions of the marginal periodontium. The parts of the superficial periodontium. Gingiva, types of gingiva. Morphological structure of the gingiva. Free or marginal gingiva (notion). Interdental gingiva (gingival papilla), color, shape and volume. Fixed gingiva (attached), structure, vascularization, and innervation. The notion of mucosal gingival junction. The notion of suprralveolar ligament system. The types of fibers of the superalveolar ligament. Dental gingival fibers. Dental fiber. Dental periosteal fibers. Dental alveolar fibers. Alveolar gingival fibers. Transgingival fibers. Intergingival fibers. Circular fibers. Physiology of the supraalveolar ligament system.	1	2	1	6
2.	Deep marginal periodontium or "functional" periodontium (cementum, periodontium, alveolar bone). The notion of deep marginal periodontium or "functional". Basic components of deep marginal periodontitis. Radicular cementum (types of root cementum). Topographic ratio or cement-enamel junction (variants). Primary cement (fibrillar, acellular), localization, composition. Secondary (cellular) cement, localization, composition. The notion of hypercementosis. Periodontium notion (periodontal space). The content of the periodontal space (fibers, cells, basic substance, blood vessels and nerves). Periodontal fibers or periodontal ligament. Main groups of periodontal fibers. The cellular elements of the periodontium. Definition of fundamental substance. Periodontal vascularization. Periodontal innervation. The functions of the periodontium. Alveolar bone. Alveolar bone structure. The actual alveolar bone (internal cortex, Hawersian bone). Supportive alveolar bone (bone, spongy or trabecular bone and external cortical bone). Marginal crest, contouring types. Vascularization and alveolar bone innervation. The notion of resorption and bone apoptosis, the cells involved in these controversial processes. Occlusal forces and alveolar bone, the physiological and pathological role (harmful) in the onset of periodontal disease.	1	2	1	6
3.	Dental-gingival junction and formation of gingival sulcus. Notion of dental-gingival junction and gingival sulcus. Reduced adamantine epithelium. The junctional epithelium or attached. Adhesion of the junctional	1	2	1	4



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	epithelium to the tooth. The notion of pellicle and cuticle. Gingival sulcus formation. The role of dental eruption in the formation of the gingival sulcus. Forming the gingival sulcus floor. The gingival sulcus epithelium.				
4.	Gingival sulcus. Gingival fluid. Totalisation. Gingival sulcus, notion. Delimitation of the gingival sulcus, depth. The contents of the gingival sulcus. Liquid (fluid) of the gingival sulcus. The origin of the gingival fluid. Chemical composition of gingival fluid. Properties of gingival fluid. Causes of increased gingival fluid flow. Clinical importance of dental-gingival junction and gingival sulcus. Quantitative ratio of gingival fluid to norm and pathological conditions. Methods of collecting gingival fluid.	1	2	1	4
5.	Notion of periodontal lesions. Classification. The role of local factors in the etiology of periodontal disease. Notion of periodontal lesions. Classification of periodontal diseases. The notion of gingivitis. Classification of gingivitis (after IMSM, M. Gafar and C. Andreescu, 1990; WHO). Notion of marginal periodontitis. Classification of marginal periodontitis (after IMSM, M. Gafar and C. Andreescu, 1990, WHO). List the local factors in the etiology of periodontal lesions (dental factors, periodontal, iatrogenic, functional, pathological occlusal trauma). The role of oral cavity hygiene. The notion of dental deposits (soft and hard deposits).	1	2	1	6
6.	Bacterial plaque. Chemical composition. Bacterial plaque formation mechanism. The notion of bacterial plaque. Composition of the bacterial plaque. Bacterial plaque formation (mechanism, steps). The role of bacterial plaque in triggering of carious processes. The supragingival bacterial plaque. Subgingival bacterial plaque. Mechanisms of bacterial pathogenesis in periodontal disease. Direct mechanisms of bacterial pathogenesis. Indirect mechanisms of bacterial pathogenesis.	1	2	1	5
7.	Dental calculus. Chemical composition. Mechanism of formation of dental plaque. The notion of dental plaque. Supra and subgingival calculus. The composition of dental calculus. Inorganic content of dental calculus. Organic content of dental calculus. Dental calculus formation. Attaching of dental calculus to the dental surface. Theories on dental calculus mineralization. The role of diet in the formation of dental calculus. The role of dental calculus in the onset of periodontal disease.	1	2	1	6
8.	Determination of bacterial plaque. Revealers of bacterial plaque. Totalisation. Plaque revealers. Methods of bacterial plaque detection. Indications of oral hygiene assessment and periodontal disease. LOE and Silness gingival indexes. Indications of gingival bleeding by Muhlemann and Son. Indications of oral hygiene by Green and Vermilion (Soft Wet Index and Calculus Index).	1	2	1	4
9.	Instruments and techniques for probing in paradontology. Generations of periodontal probes. Advantages and disadvantages, indications and contraindications of periodontal probing. Periodontal probing technique. Data recording in the periodontal card. Periodontal probing as a control method and recording the evolution of periodontal disease.	1	2	1	3



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10.	Manual scaling and root planning. Instruments for scaling. Usage technique. Particularities for children. The notion of scaling. General principles of scaling (visibility, illumination, patient and physician position, fulcrum). Manual scaling. Instruments for manual scaling (instruments, technique). Universal and special periodontal curettes (GRACEY curettes). Methods for sharpening of periodontal curettes. Technique of manual scaling. Complications of scaling. Finishing of scaled surfaces. The tool used in root planning. Working techniques and accessories.	1	2	1	6
11.	Ultrasonic scaling (piezoelectric and magnetostrictive). Devices for piezoelectric and magnetostrictive scaling. Techniques of use and tools for scaling. Ultrasonic scaling (piezoelectric and magnetostrictive). Action mechanism of ultrasound on adjacent tissues. Indications and contraindications for ultrasonic scaling (piezoelectric and magnetostrictive). Advantages and disadvantages of ultrasound (piezoelectric and magnetostrictive) techniques.	1	2	1	6
12.	Getting Periodontal Surgery. Surgical methods for the treatment of periodontal diseases (gingival curettage, gingivectomy, gingivoplasty). Totalisation. Notion of periodontal surgery. Methods and techniques of periodontal surgery. Gingival curettage, indications and contraindications. Gingival curettage technique. Subgingival curettage, indications and contraindications. Closed curettage. Open curettage or with papillary microblades. Open curettage technique. Gingivectomy, indications and contraindications. Gingivectomy technique. Instruments and medication used in gingival curettage. Gingivoplasty, indications and contraindications.	1	2	1	5
13.	Interradicular lesions. Classification. Notion of interradicular lesions. Classification of interradicular lesions. Ist class interradicular lesions. IInd class interradicular lesions. IIIrd class interradicular lesions. Local examination for assessing of the damage degree of the interradicular space (instruments). Radiological analysis in the diagnosis of interradicular lesions. Treatment of Ist class interradicular lesions (scaling, root planning, with or without furcation area plasty). Treatment of IInd class interradicular lesions (tunneling, hemisection, root amputation, guided tissue regeneration, coronary repositioned flap). Treatment of IIIrd class interradicular lesions (guided tissue regeneration, tunneling, root amputation and tooth extraction).	1	2	1	3
14.	Gingival recessions. Classification. Gingival recession. Notion. Causal factors. Predisposing factors. Type of periodontium or periodontal biotype. Classification of gingival recessions by Sullivan and Atkins. Classification of gingival recessions by Miller 1985. Treatment of gingival recessions (methods). The prognosis of treatment success.	1	2	1	3
15.	Radiological aspects of healthy periodontium and periodontal diseases. Radiography in isometric, orthoradial incidence. Mono maxillary panoramic radiography. Orthopantomography. Dental alveolar space: shape, dimensions. Lamina dura. Structure of the trabecular bone. Degree and type of bone resorption: vertical, horizontal and mixed. Radiography of periodontal pockets.	1	2	1	5



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	Marginal crest demineralization. Crunching of the interradicular septum. Localized periodontitis. Generalized periodontitis.				
16.	Clinical examination of patients with periodontal diseases. Methodology of examining the patient with periodontal disease (anamnesis, objective clinical examination, complementary examinations). Anamnesis. Objective clinical examination (instruments). Exobuccal examination. Mucous examination. Teeth examination. Measuring the depth of periodontal pockets. Evaluation of interradicular lesions (furcation). Complementary examinations: bacterial plaque examination, examinations of study models, radiology exam (types), photography (before and after treatment), biochemical tests, microbiological tests, values determination of some biological constants (hematocrit, leukocyte, ESR, glycaemia, coagulation).	1	2	1	6
17.	Professional hygiene of the oral cavity. Totalisation. Oral hygiene index assessment and periodontal status: oral hygiene index, SILNESS and LOE, bacterial plaque index, plaque retention index (LOE), calculus index. Gingival inflammation indexes: gingival index (LOE and SILNESS), papillary bleeding index (MUHLEMAN), gingival bleeding index, amount and flow of gingival fluid. Periodontal indexes: RUSSELL Index, periodontal pocket indication index, Periodontal Index (CPITN -Community Periodontal Index of Treatments Needs), proposed by the UN in 1977 and adopted by FDI in 1980 and WHO in 1983.	1	2	1	4
Total		17	34	17	82

VI. REFERENT OBJECTIVES AND CONTENT UNITES.

Objectives	Content units
Structure of marginal periodontium : superficial and deep periodontium. Dental gingival junction and gingival sulcus formation. Gingival sulcus. Gingival fluid.	
✓ to know the structure of the marginal periodontium; ✓ to know formation of the dental gingival junction and the gingival sulcus; ✓ to define superficial periodontium from deep periodontium; ✓ to know the adherence of the junctional epithelium to the tooth; ✓ to clarify the role of dental eruption for gingival sulcus formation; ✓ to know the limits of the gingival sulcus, depth, content; ✓ to know the origin, composition and properties of the gingival fluid. ✓ to know the collecting methods of gingival fluid.	The main components of the marginal periodontium. Gingiva, types of gums. The types of fibers of the supralveolar ligament. Basic components of deep marginal periodontium; The main components of the marginal periodontium. Gingiva, types of gingiva. The types of fibers of the supra alveolar ligament. Basic components of deep marginal periodontium. The content of the periodontal space (fibers, cells, basic substance, blood vessels and nerves). Alveolar bone. Alveolar bone structure. Dental gingival junction and gingival sulcus. Limits of the gingival sulcus, depth. Quantitative ratio of gingival fluid to norm and



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Objectives	Content units
	pathological conditions. Collecting methods of gingival fluid.
Periodontal lesions. Classification. Supra and subgingival bacterial plaque. Mechanisms of bacterial pathogenesis in periodontal diseases. Dental calculus. Chemical composition. Dental plaque formation mechanism. Determination of bacterial plaque. Plaque revelators.	
✓ to know the notion of periodontal lesions, gingivitis, periodontitis; ✓ to know the classification of periodontal diseases; ✓ to be familiar with the notion of bacterial plaque, dental plaque, composition; ✓ to be aware of plaque revelators, assessment bacterial plaque and dental calculus indexes; ✓ to know bacterial pathogenesis mechanisms in periodontal diseases.	Classification of gingivitis (by IMSM, M. Gafar and C. Andreescu, 1990; WHO). Classification of marginal periodontitis (by IMSM, M. Gafar and C. Andreescu, 1990; WHO). Dental warehouses (soft and hard deposits). Supragingival bacterial plaque. Subgingival bacterial plaque. Plaque revelators. Supra- and subgingival calculus.
Periodontal probing instruments and techniques. Manual scaling and root planning. Ultrasonic scaling. Scaling techniques and instruments. Periodontal surgery notion.	
✓ to know instruments used for periodontal probing; ✓ to know periodontal probing techniques; ✓ to know manual scaling and root planning; ✓ to know instruments for manual scaling; ✓ to know techniques for using manual instruments; ✓ to know methods for manual instruments sharpening; ✓ to be able to perform piezoelectric and ultrasonic scaling; ✓ to be able to perform magnetostrictive ultrasonic scaling.	Periodontal probing. Universal curettes. Gracey curettes. Manual scaling. Root planning. Piezoelectric ultrasonic scaling. Magnetostrictive ultrasonic scaling. Remedies used in periodontal treatment.
Interradicular Lesions. Gingival recessions. Radiological aspects of healthy periodontium and periodontal diseases. Patient examination with periodontal disease. Professional hygiene of the oral cavity.	
✓ to know the types of interradicular lesions; ✓ to know radiological aspects in the diagnosis of interradicular lesions; ✓ to know the local and predisposing factors of gingival recessions; ✓ to know the treatment and prognosis of gingival recessions; ✓ to be able to describe different types of radiographs; ✓ to be able to select paraclinical investigations depending the case, advantages and disadvantages; ✓ to understand the importance of paraclinical	Closed curettage. Gingivectomy. Gingivoplasty. Clinical examination. Paraclinical investigations in the diagnosis of periodontal diseases. Laboratory examinations, indications and clinical significance. Bacteriological examination, characteristic, clinical indication and significance. Radiological examination, principles and types of radiological examination. Indications of use.



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Objectives	Content units
explorations in determining the patient's diagnosis; ✓ to be able to describe the datas of the paraclinical investigations and their characterization.	

VII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY OUTCOMES

Professional competencies (specific) (SC)

SC1: Knowing the theoretical bases of anatomy of marginal periodontium, prevention of periodontal disease, general principles in patient's examination, analysis and interpretation of clinical and paraclinical data; knowing the legislative and normative framework in the field, the methods of prevention of periodontal disease, knowing the rights and obligations of the doctor.

SC2: Knowing and simulating the clinical and paraclinical examination of patients with periodontal pathologies; evaluation of paraclinical examination data, assessment and description of prevention methods of periodontal diseases; the description of the substances and indications of their use.

SC3:

Involves patients' examination with periodontal disease, clinical examination and elaboration of indications for appropriate type of paraclinical investigations, with their argumentation. Determining options for establishing the diagnosis and treatment plan. Description of the steps of processing sequence of usage of the instruments required for the periodontal diseases treatment, according to the proper protocol.

SC4: Analysis of clinical and paraclinical investigations and their description. Analysis of radiological clusters, evaluation and description of anatomical structures.

SC5: The description of the evolution of periodontal diseases and their complications in order to implement prophylactic measures in health at the individual and community level. Evaluation of control methods and implementation of complex dispensary plans in society.

SC6: Demonstration and application of acquired knowledge in the clinical and paraclinical assessment of the patient. Selection and argumentation of treatment methods, data collection and patient explication about periodontal treatment. Explanation of the causes and predisposing factors to the occurrence of periodontal diseases, contribute to, awareness of the importance of oral cavity hygiene and regular control of a specialist. Promotion of healthy lifestyle principles to improve health status of patients.

Transverse competencies (skills) (TC)

TC1: Applying professional standards of assessment, acting according to professional ethics, as well as the provisions of the legislation. Promoting logical reasoning, practical applicability, assessment and self-assessment in decision-making.

TC2: Performing activities and exercising the roles specific to teamwork in the simulation rooms at the "Propaedeutic Stomatology "P. Godoroja" department. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of their own activity.

TC3: Systematically assessing of personal skills, of the role and expectations, applying self-assessments for learned processes, acquired skills and professionalism needs, effective use of language skills, knowledge in informational technologies, research and communication skills, in order to provide qualified services and adaptation to the dynamics of health policy requirements and personal and professional development.



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Study finalizations

At the end of the course, the student will be able to:

- to know the basic principles, the functional structure and the organization of the medical care with periodontal profile;
- to know the role and functions of the dentist in the organization of healthcare system;
- to promote healthy lifestyle and health education through speeches, papers, presentations, articles in specialized journals, etc.

VIII. STUDENT'S SELF-TRAINING

Nr.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Working with informational sources	Reading the lecture or the material in the manual on the subject. Reflecting on the topic in the questions. Knowing and selecting additional information sources on the topic. Reading the text carefully and describe the essential content. Wording of generalizations and conclusions regarding the importance of the theme / subject.	The ability to extract the essentials. Interpretative skills. The ability to analyze and communicate the material accumulated on its own.	During the semester
2.	Working on simulators	Acquiring practical handling of Gracey curettes. Removing dental calculus. Reveal the bacterial plaque. Assimilating of indices used in periodontology.	Capacity to handle practical skills by using Gracey curettes. The ability to analyze the epidemiological indexes used in periodontology.	During the semester
3.	Evaluation of perception (basic knowledge) in clinical and paraclinical examination of patients. Evaluation of methods of dental calculus removing in the cabinet with a periodontal profile. Each student will complete the patient's periodontal card, systematize the stages of the clinical examination and collect the anamnesis. Establish indications for paraclinical investigations, arguing their need.			
3.1.	Performing scaling on the simulator.	Students will perform manual scaling using Gracey curettes.	Evaluating the quality of removal of synthetic calculus from dental arches on simulators.	During the semester
3.2.	Appreciation of indications for	The student should study the peculiarities of the radiographic examination and	Assessing the accuracy of the information described by the student.	During the semester



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Nr.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
	radiographic examination	to argue the necessity to indicate each type of radiographic examination.		
3.3.	Data recording and patient history.	Working with the medical card and systematization of stages of collection and clinical examination.	Correctness assessment and succession of the analysis.	During the semester

IX. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

✓ Teaching and learning methods used

In the teaching process of the discipline "Preclinical periodontology", different teaching methods are used, oriented towards the efficient acquisition and achievement of the objectives of the didactic process. The course provides lectures, seminars, practical works and individual work. The course owner holds courses in the third semester. The following forms of training are used in the practical work: frontal, individual activity, brainstorming sessions, group discussions, case studies in community pharmacies, case study. As a teaching aid, the specialized manuals are available in the university library, the methodological recommendations of the department's staff, tables, schemes, information sources in electronic format, national and international professional websites, etc. are available. Students receive individual assignments that are presented for group discussions, which subsequently assess the quality of individual work and practical skills. In order to acquire the didactic material and teambuilding, during the semester the students perform a mini-research in the field, the results of which are presented at the seminars and practical lessons organized in the last month of the semester.

Recommended *learning* methods are: *learning* theoretical material after lecture and manual; *observation* - identifying the characteristic features of doctor-patient communication; *analysis* - in the use of clinical and paraclinical examination methods of patients, as well as methods and stages of prevention of periodontal diseases; *comparison* - analysis by comparison of the methods of collecting the anamnesis, of the paraclinical examination methods according to their advantages and disadvantages; *elaboration of the algorithm* - selection of the mandatory elements and elaboration of the patient consultation algorithm; *modeling* - identifying and selecting the elements necessary for modeling the situations when consulting patients, formulating the conclusions, argumentation and making the final decision.

✓ Applied teaching strategies / technologies (specific to the discipline)

Face-to-face, individual, brainstorming, group discussion, clinical case analysis, teambuilding, clinical exam simulation, mini-research, comparative analysis.

✓ Methods of assessment (including the method of final mark calculation)

Current: Current checks during seminars and practical lessons, 4 totals in writing and/or as test-control. For the individual work done during the semester, the student is evaluated, the grade being included in totals. At the end of the semester, based on the grades from the totals, the average annual score is calculated.

Final: The course ends with an exam. The exam consists of two stages: test-control and oral interview according to the tickets. The final weighted score is calculated based on positive grades (≥ 5) of the annual



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average, calculated at the end of the discipline study - 50%; from test-control - 20% and oral interview - 30%. The average annual mark and the marks of all final stages of testing (test and oral answer) - are expressed in numbers according to the scoring scale (according to the table) and the final mark obtained is expressed in two decimal digits, to be entered in the notes book.

Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,00	6	
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-9,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

Note: Absence on examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student has the right to have two re-examinations.

X. RECOMMENDED LITERATURE:

A. Compulsory:

1. Lecture materials.
2. Dumitriu H. Parodontologie. București, 1997.
3. Newman M. G., Takei H. H., Klokkevold P. R., Carranza F. A. Carranza's Clinical Periodontology. 2012, 1033 p.
4. Vataman R. Parodontologie, Iași, 1992

B. Additional

1. Ciobanu S. Tratatul complex în reabilitarea pacienților cu parodontite marginale cronice. Chișinău, 2012
2. Терехов А. Основы практической пародонтологии. Chișinău, 2010