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The features of effective training of dentistry students for integrative license exam “Step 2” passing

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Abstract

The aspects of effective preparing of dentistry students for integrative license exam “Step 2” passing were observed in this article. The algorithm of methodical approach “step by step” for this training process was showed. The motivation of students and role of teachers’ staff during preparing for this exam passing is necessary.

Keywords: students, “Step 2” exam, teeth and jaws abnormalities

1. Introduction

The Ukraine's accession to the Bologna process changed the strategy of future professionals training, in particular caused integration into the European educational space. Future dentists have the opportunity to study in the leading countries of Europe and worldwide, but this option dictates of changes of the training system. Change-over to the credit-module training system requires from modern student high motivation to obtain the diploma of international type, which makes it possible to work in other countries, possession of advanced interactive learning tools, ability to work with electronic literary sources, possess of modern techniques of dental patients treatment. The important part of this difficult process is passing of license integrated exam “Step 2” during study at 5-th course. As understanding of preparing for final attestation, the future dentists educate own fully developed personality, ability to understand and help all needed persons, possibility to be worthy citizens of Ukraine ^[1].

It's known, the license integrated exam “Step 2. Dentistry” is complex exam, which consist of knowledge from dental diseases prevention, orthopedic, surgical, restorative and children dentistry, orthodontics, dentistry care organization etc. ^[2].

2. Materials and Methods. In this review we want to accent attention for features of future dentists training in orthodontic field as an important part of dentistry.

3. Results and Discussion. First of all, all students should be targeted that learn by heart of all tests is impossible. And it's no necessary, especially in closed access to tests' bank case. We consider that at first students must know the causes of orthodontic pathology, classification teeth anomalies, nosological forms of teeth and jaws abnormalities, clinical manifestations of individual teeth and jaws abnormalities, methods of treatment and prevention.

In modern orthodontic clinic the classifications are used, knowledge of which will give students the possibility of quickly orientation in essence of pathology in test, and correct treatment and prevention choice.

The most used is Engle classification of teeth and jaws abnormalities in children. It consist of 3 classes divided due stage of teeth and jaws abnormalities sings. The key point of it is sagittal plane, where medial buccal tubercle of superior permanent molar in central occlusion position is situated in intertubercular nick between buccal tubercles of inferior first molar. At this case the labial, buccal, lingual or palate, medial, distal position, infroposition, suproposition, tortooocclusion can be observed. Should remember, that 2-nd class has two subclasses.

The D.A. Kalvelis classification (1957) has other principle of construction. In particular, first class consist of anomalies of individual teeth, second one - anomalies of dentition, third – bite anomalies. Each class has subclasses with own characteristic. For example, - anomalies of individual teeth, could be such variants of adentia as complete and partially; the supercomplete teeth could be found ^[4].

Classification of A.I. Betelman (1965) constructed taking into account the plane disease, malocclusion, functional impairment and shapes.

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LP Hryhoryeva (1986) in her classification divided all types of bite for the physiological and pathological [5].

We also have the WHO classification, where 4 classes are present: 1-st class characterizes of jaw sizes anomalies, 2-nd – jaw position depend of skull, 3-rd – correlation of teeth arcs, 4-th – teeth position anomalies.

The deep knowledge and skills of quick making of decision during teeth and jaws anomalies diagnostic is an important factor at preparing for “Step 2” exam passing.

The teeth and jaws anomalies are applied of individual teeth and teeth arcs [6].

The teeth position anomalies – oral, vestibular, medial, distal, the tooth rotation, supraocclusion, infraocclusion, microdentia or macrodentia, congenital absence of pathology tooth germ; tremas and diastemas. The bite pathologies in sagittal plane are distal bite, mesial bite.

The bite pathology in vertical plane are deep and open bite. Bite pathology in transversal plane is diagonal (or crucial) bite. The strong understand of concrete pathology is a key to future correct actions in student society.

The important part of clinic of orthodontics is modern methods of investigation, the questions about them are often in “Step 2” tests.

Anthropometry allows to study of size and form of face. Fotometry is an obligate method which is document of orthodontic patient case report.

Obligatory in diagnostic process are investigation of photography, morphometry of control-diagnostic models, Ton’ method, method of N.G. Snagin, method of Hewley-Herber-Gerbst.

In diagnostic of pathology in transversal plane the Pone and hurt method is used; in sagittal plane – Korkhause’ method. The separate big block is usage of X-ray methods of diagnostic.

For optimal and efficient method of orthodontic treatment the future dentists should know the orthodontic devices classification. The main principle is principle of biomechanical powers action. All devices divided by action principle, by method of action, by type of support, by location, by the method of fixation, by type of construction.

More tests are dedicated for prevention of teeth and jaws anomalies. Should remember about prophylaxis at 10 periods of teeth and jaws system formation, which is covered of intrauterine embryo development till 40 years of old and more [8].

The main position in orthodontic clinic take to dispensarization, which is difficult to answer in “Step 2” tests [7]. There are 4 groups of dyspanserization in doctor-orthodontist. First group – children with the proper closing of the lips, correct bite. The orthodontist exams them once a year. Second group – children without strong morphological disturbances, but with bad habits. The active observation of them – for 6 months.

The third group - children with severe abnormalities slightly positions of individual teeth, changes in the dental arches. After treatment observation carried out for 1 year.

The fourth group - children with severe teeth and jaws abnormalities. These children need specialized orthodontic care.

All future doctors should know special medical documentation. Due order of Ministry of Public Health of Ukraine No 302, there are the following forms of accounting and reporting documents: dentistry patients case report (043/o); the paper of daily work account of dentist-

orthodontist (037-3/o), diary of account of dentist-orthodontist work (039-3/o) and quality indexes [9].

4. Conclusion

Thus, performing of all tasks and daily training, obligatory overcome of 75% correct answers for each theme, high motivation of students and professional skills of teachers staff are guaranty for efficient and quality preparing of graduate students for “Step 2” exam passing.

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