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**FACULTY OF STOMATOLOGY
STUDY PROGRAM 0911.1 STOMATOLOGY
DEPARTMENT OF ORTHOPEDIC DENTISTRY 'ILARION POSTOLACHI'**

APPROVED

at the meeting of the Commission for Quality
Assurance and Curriculum Evaluation faculty
of Stomatology

Minutes no. 3 of 16.02.2018

President, dr. med., univ.
Stepco Elena

APPROVED

at the meeting of the Faculty Council
of Stomatology

Minutes no. 8 of 20.02.2018

Dean of the Faculty, dr. Hab. st.med.,
conf.univ.
Ciobanu Sergiu

APPROVED

at the meeting of the Department of Orthopedic Dentistry "Ilarion Postolachi",

Minutes No. 12 of 19.12.2017

Head of the chair, dr. Med., Univ.
Solomon Oleg

CURRICULUM

DISCIPLINE PARTIAL REMOVABLE DENTURES

Integrated studies

Type of course: **Compulsory course**

Chișinău, 2018



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I. PRELIMINATIONS

Prosthodontic dentistry represents a fundamental field of modern dentistry which after graduation will be materialized as prosthodontist specialist. During studies prosthodontic dentistry will support future specialist to learn how to provide dental prosthetic treatment. Will help to use in all day practice new methods of diagnosis, way of using biomaterials, new technologies of prosthodontic treatment and form concept of prophylaxes in dental pathology.

Discipline objectives- teaching theoretical and practical skills of dentists capable for success rehabilitation of patients with dental disorders. This way, study of prosthodontic dentistry it's an important field that will help future dentist to manage prosthodontic treatment.

Teaching languages: Romanian, English.

Beneficiaries: IV year Dental Students

II. ADMINISTRATION

Discipline code		S.07.O.078	
Discipline name		Partial removable dentures	
Responsible for subject		O. Solomon, PhD, Chief of the Department N. Cojuhari, PhD, assoc.prof. V. Gututui, PhD, assoc.prof.	
Year	IV	Semester	VII
Numbers of hours			90
Lectures	24	Practical lessons	42
Lessons	18	Individual work	6
Evaluation form	C	Credit numbers	3

III. OBJECTIVES FORMED INSIDE DISCIPLINES

-learned and understand level

-known of medical ethics and deontology

-
- known of professional terms
- known prophylaxis methods of dental diseases
- known etiology and evolution of dental diseases



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: skills level

- known of patients investigation methods in prosthodontic departments
- known of modern materials applied in prosthodontic dentistry
- known of treatment methods in prosthodontic dentistry
- known of emergency methods
- be able to analyze clinical examinations cards in prosthodontic dentistry
- be able to analyze paradental examination cards
- known the diagnosis of dento maxillary diseases
- known of indications for prosthodontic treatments
- known the plan of treatment formulation
- known of classical and modern methods of prosthodontic treatment
- known of clinical steps in fixed prosthodontic dentistry

▪ : integration level:

- evaluate stomatognathic system disorders
- determine consequences of prosthodontic treatment
- to present abilities in therapeutic pediatric and OMF surgery.
- to present abilities and knowledge for faculty subjects (such as internal medicine, dermatology, neurology, morphopathology, fysiopathology, histology...)
- be able to evaluate and self evaluate knowledge in prosthodontic field
- be capable to learn and implement in every day practice new possibilities in prosthodontic field

IV. PRECONDITIONS

The partial edentation may be defined as the absence from 1 to 13-15 teeth on the dento-alveolar arch. The extended partial edentation - absence more than 6 teeth on one jaw.

Etiological factors theoretically can be divided into hereditary and obtained factors.

Examination of the patients with extended partial edentation includes subjective and objective examination. Subjective examination includes more often meeting complaints of the patients on pain, alveolar hyperesthesia, functional disorders, static and dynamic misbalance of stomatognathic system. Objective examination of the patients with partial edentation includes extra oral and intraoral examination. Prosthetic field in partial edentation consists from all elements of stomatognathic system that are in contact with partial removable denture: remained teeth, residual alveolar process, hard palate, mucosa of the oral cavity.

Partial edentation treatment is presented by partial removable dentures acrylic or metal skeletonized.

V. Subject of discipline and hours repartition



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Nr.	Thems	Hours			
		<i>lectures</i>	<i>lessons</i>	<i>practical</i>	<i>individual</i>
1.	Extended partial edentation. Clinic. Examination of patients. Components of orthopedic field. Psychological preparation of patients for prosthetic treatment with Partial Removable Acrylic Denture (PRAD).	3	-	-	1
2.	Indications and contraindications to prosthetic treatment with PRAD. Preparation of oral cavity for prosthetic treatment with PRAD. Components of PRAD. Kinds of PRAD. Getting impressions.	3	-	-	1
3.	Definition of central occlusion depending on clinical situations.	3	-	-	1
4.	Testing design of PRAD. Possible mistakes and methods of their removing.	3	-	-	1
5.	The insertion stage of treatment. Technique of correction of basis of artificial denture and occlusal relationships. Processes of adaptation and rebasing PRAD.	3	-	-	1
6.	Indications to prosthetic treatment of partial edentation with Partial Removable Skeletized Denture (PRSD). Stages of manufacturing. Taking impressions. Surveying.	3	-	-	1
7.	Peculiarities of PRSD planning at partial edentation I-IVclass by Kenedy. Testing metal skeleton of PRSD. Definition of central occlusion depending on clinical situation.	3	-	-	-
8.	The trial stage of treatment. Imposing PRSD in the oral cavity (the insertion stage of treatment). Correction of PRSD. Rebasing the PRSD.	3	-	-	-
9.	Partial extended edentation (large defects of dental arch). Examination of patients. Component parts of diagnosis. Indications to prosthetic treatment of partial edentation with Partial Removable Dentures.	-	1.5	3.5	-
10.	Indications to prosthetic treatment of partial extended edentation with Partial Removable Dentures. Technique of getting impressions. Clinical laboratory stages of Partial Removable Acrylic Denture (PRAD) manufacturing.	-	1.5	3.5	-
11.	Definition of central occlusion or central jaws relationships at prosthetic treatment of partial edentation with PRAD.	-	1.5	3.5	-
12.	Methods of fixation and stabilization of PRAD.	-	1.5	3.5	-
13.	Checking design (waxen composition) of PRAD (The trial stage of treatment). Insertion stage of treatment or imposing denture in the oral cavity.	-	1.5	3.5	-



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	Correction.				
14.	Partial Removable Skeletized Denture (PRSD). Constructive elements. Dental-periodontal, mucosal-bone and combined support.	-	1.5	3.5	-
15.	Indications and contraindications to prosthetic treatment of partial extended edentation with PRSD.	-	1.5	3.5	-
16.	Clinical-laboratory stages of PRSD manufacturing. Surveying.	-	1.5	3.5	-
17.	Particularities of designing the Partial Removable Skeletized Denture (PRSD) at I-IV class of partial edentation by Kennedy.	-	1.5	3.5	-
18.	Clinical picture at subtotal edentation and particularities of prosthetic treatment with PRSD with application of special systems.	-	1.5	3.5	-
19.	Testing the metal frame of PRSD in the oral cavity.	-	1.5	3.5	-
20.	Testing the PRSD. Imposing the PRSD in the oral cavity.	-	1.5	3.5	-
Total		24	18	42	6

VI. OBJECTIVES AND IT`S COMPONENTS.

COMPONENTS	OBJECTIVES
<p><i>Partial extended edentation. Patient's examination.</i></p> <p><i>Component parts of the diagnosis. The indications to prosthetic treatment of partial extended edentation with Partial Removable Acrylic Prosthesis (PRAP).</i></p>	
<p>Ethiology of partial edentation.</p> <p>Subjective examination of the patients with partial edentation.</p> <p>Objective examination of the patients with partial edentation</p> <p>Para-clinical examination of the patient with partial edentation.</p> <p>Clinical manifest of partial edentation.</p> <p>Classification of partial edentation by Kennedy, Costa, Kennedy-Applegate, Gavrilov.</p> <p>Characteristic of the dental-parodontal bear complex that provide denture support.</p> <p>Classification of mucousa by Supple, Luind.</p>	<ul style="list-style-type: none"> To know Ethiology of partial edentation. To know Subjective examination of the patients with partial edentation. To know Objective examination of the patients with partial edentation To know Para-clinical examination of the patient with partial edentation. To know Clinical manifest of partial edentation. To know Classification of partial edentation by Kennedy, Costa, Kennedy-Applegate, Gavrilov. To know Characteristic of the dental-parodontal bear complex that provide denture support. To know Classification of mucousa by Supple, Luind



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COMPONENTS	OBJECTIVES
Classification of bone support at maxilla by Lejoyeux. Classification of bone support at the mandible by Lejoyeux. Argumentation of joint tmj disorders. Argumentation of muscles disorders. Indications for partial removable prosthesis manufacturing. Peculiarities (particularities) of prosthetic field preparation to prosthetic treatment with partial removable prosthesis.	<ul style="list-style-type: none">• To know clasificarea suportului osos după Lejoyeux la maxilă.• To know Classification of bone support at the mandible by Lejoyeux.• Argumentation of joint tmj disorders.• Argumentation of muscles disorders.• To know Indications for partial removable prosthesis manufacturing.• To know Peculiarities (particularities) of prosthetic field preparation to prosthetic treatment with partial removable prosthesis.
<i>Indications to prosthetic treatment of partial extended edentation with Partial Removable Acrylic Prosthesis (PRAP). Technique of getting impressions. Clinical-laboratory stages of Partial Removable Acrylic Denture (PRAD) manufacturing.</i>	
Partial removable prosthesis types. Indications to partial removable acrylic prosthesis manufacturing. Contraindications to partial removable acrylic prosthesis manufacturing. Biomechanics of partial removable acrylic prosthesis. Component parts of partial removable acrylic prosthesis. Characteristics. Requirements to support teeth. Limits of removable prosthesis on the maxilla Limits of removable prosthesis on the maxilla Constructive peculiarities of removable acrylic prosthesis by Kemeny. Constructive peculiarities of removable acrylic prosthesis by Itighin Methods of getting impressions at removable acrylic prosthesis manufacturing, steps of getting impressions. Possible complications during taking impressions	<ul style="list-style-type: none">• To know Partial removable prosthesis types.• To know Indications to partial removable acrylic prosthesis manufacturing.• To know Contraindications to partial removable acrylic prosthesis manufacturing.• To know Biomechanics of partial removable acrylic prosthesis.• To know Component parts of partial removable acrylic prosthesis. Characteristics.• To know Requirements to support teeth• To know limits of removable prosthesis on the maxilla• To know limits of removable prosthesis on the mandible• To know Constructive peculiarities of removable acrylic prosthesis by Kemeny.• To know Constructive peculiarities of removable acrylic prosthesis by Itighin• To know Methods of getting impressions at removable acrylic prosthesis manufacturing, steps of getting impressions• To know Possible complications during taking impressions and their maintains



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COMPONENTS	OBJECTIVES
and their manages.	
Name clinical stages of PRAD manufacturing.	<ul style="list-style-type: none"> To know clinical stages of PRAD manufacturing.
Name technical stages of PRAD manufacturing.	<ul style="list-style-type: none"> To know technical stages of PRAD manufacturing.
<i>Definition of central relationships at prosthetic treatment with PRAD</i>	
Central relation signs and their practical value.	<ul style="list-style-type: none"> To know Central relation signs and their practical value
Classification of partial edentation depending on clinical situation in intermaxilar correlation	<ul style="list-style-type: none"> To know Classification of partial edentation depending on clinical situation in intermaxilar correlation
Determination of intermaxilar correlation in case of stabil occlusion (first clinical situation).	<ul style="list-style-type: none"> To know Determination of intermaxilar correlation in case of stabil occlusion (first clinical situation).
Determination of intermaxilar correlation in case of instabil occlusion (second clinical situation).	<ul style="list-style-type: none"> To know Determination of intermaxilar correlation in case of instabil occlusion (second clinical situation).
Determination of intermaxilar correlation in case of absence of occlusion (third clinic situation).	<ul style="list-style-type: none"> To know Determination of intermaxilar correlation in case of absence of occlusion (third clinic situation).
Consecutivity of determination and registration of intermaxilar centric relationships	<ul style="list-style-type: none"> To know Consecutivity of determination and registration of intermaxilar centric relationships
Methods of vertical occlusal dimension determination	<ul style="list-style-type: none"> To know Methods of vertical occlusal dimension determination.
<i>Methods of fixation and stabilization of PRAD</i>	
Enumerate stabilising and supporting elements of partial removable acrylic denture.	<ul style="list-style-type: none"> To know elements of stabilising and supporting partial removable acrylic denture.
Requirements to metal clasp made of wire.	<ul style="list-style-type: none"> To know Requirements to metal clasp made of wire.
Clasps line? Its practical value.	<ul style="list-style-type: none"> To know How to choose the clasps line? Its practical value.
Components of clasps and its position	<ul style="list-style-type: none"> To know Components of clasps and its position
Difference between Jackson and Adams clasps.	<ul style="list-style-type: none"> To know differences between Jackson and Adams clasps.
Indications to telescopic clasps manufacturing. The position of clasp elements with regard to supporting tooth and prosthetic base	<ul style="list-style-type: none"> To know Indications to telescopic clasps manufacturing. The position of clasp elements with regard to supporting tooth and prosthetic base



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Dolder system and indications to its manufacturing Byomechanics of partial removable acrylic prosthesis	<ul style="list-style-type: none"> To know Dolder system and indications to its manufacturing To know Byomechanics of partial removable acrylic prosthesis
<i>Checking the design (wax component) of Partial Removable Acrylic Prosthesis (the trial stage of treatment). Imposing the PRAP (the insertion stage of treatment). Correction.</i>	
COMPONENTS	OBJECTIVES
<p>Stages of wax component probe and purpose of its making.</p> <p>Qualitative determination of dental-dental contacts in position of central occlusion.</p> <p>Checking of pfiziognomic aspect.</p> <p>Checking of phonetic aspect.</p> <p>Requirements to clasps</p> <p>Try in stages.</p> <p>Individualization of the base of PRAD to prosthetic field.</p> <p>Individualization of the clusps of PRAD to support teeth. Tools.</p> <p>Individualization of occlusion. Tools.</p>	<ul style="list-style-type: none"> To know Stages of wax component probe and purpose of its making. To know determination of dental-dental contacts in position of central occlusion To know cheking of pfiziognomic aspect. To know checking of phonetic aspect. To know requirements to clasps. To know Try in stages. To know Individualization of the base of PRAD to prosthetic field. To know Individualization of the clusps of PRAD to support teeth. Tools. To know Individualization of occlusion. Tools.
<i>Skeletized partial removable prosthesis (PRSP). Constructive elements. Dental-periodontal, mucosal-bone and combined support.</i>	
<p>Dizavantages of partial removable acrilic dentures.</p> <p>Advantages of partial removable skeletized prothesis.</p> <p>Name component parts of Partial Removable Skeletized denture</p>	<p>Dizavantages of partial removable acrilic dentures.</p> <p>Advantages of partial removable skeletized prothesis.</p> <ul style="list-style-type: none"> To know component parts of Partial Removable Skeletized denture



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COMPONENTS	OBJECTIVES
<p>Saddles of skeletized prosthesis. Varieties. Function.</p> <p>Main Connectors. Varieties. Function.</p> <p>Secondary Conectors. Clasification.</p> <p>Dental support elements</p> <p>Disjunctive elements of maintaining, support and stability. Varieties.</p> <p>Biomechanic of Partial Removable Skeletized Prosthesis.</p>	<ul style="list-style-type: none"> To know Saddles of skeletized prosthesis. Varieties. Function. To know Main Connectors. Varieties. Function. To know Secondary Conectors. Clasification. To know Dental support elements. To know Disjunctive elements of maintaining, support and stability. Varieties. To know Biomechanic of Partial Removable Skeletized Prosthesis.
<p><i>Indications and contra-indications to prosthetic treatment of partial extended edentation with Partial Removable Skeletized Dentures.</i></p>	
COMPONENTS	OBJECTIVES
<p>Indications to Partial Removable Skeletized Prosthesis manufacturing</p> <p>Enumerate varieties of Partial Removable Skeletized Prosthesis construction.</p> <p>Dizavantages of Partial Removable Skeletized Prosthesis made by soldering method.</p> <p>Position of the clasps elements on the support teeth.</p> <p>Order of placing elements of the attacement on the support teeth and on the saddles of Partial Removable Skeletized Prosthesis</p> <p>Continuous clasp play the principal role of Main Connector</p> <p>Antibasculant elements of Partial Removable Skeletized Prosthesis . Placing.</p> <p>Getting impressions at Partial Removable Skeletized Prosthesis manufacturing. Varieties.</p>	<ul style="list-style-type: none"> To know Indications to Partial Removable Skeletized Prosthesis manufacturing To know Enumerate varieties of Partial Removable Skeletized Prosthesis construction. To know Dizavantages of Partial Removable Skeletized Prosthesis made by soldering method. To know Position of the clasps elements on the support teeth. To know Order of placing elements of the attacement on the support teeth and on the saddles of Partial Removable Skeletized Prosthesis To know when Continuous clasp play the principal role of Main Connector To know Antibasculant elements of Partial Removable Skeletized Prosthesis . Placing. To know impressions steps at Partial Removable Skeletized Prosthesis manufacturing. Varieties.
<p><i>Clinical-laboratory stages of Partial Removable Skeletized Prosthesis manufacturing. Surveying.</i></p>	
Enumerate clinical steps of Partial Removable	<ul style="list-style-type: none"> To know clinical steps of Partial



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COMPONENTS	OBJECTIVES
<p>Skeletized Prosthesis manufacturing without making artificial crowns on the supporting teeth.</p> <p>Enumerate laboratory steps of Partial Removable Skeletized Prosthesis manufacturing without making artificial crowns on the supporting teeth.</p> <p>Enumerate clinical steps of partial removable skeletized prosthesis manufacturing with making artificial crowns on the supporting teeth</p> <p>Enumerate laboratory steps of partial removable skeletized prosthesis manufacturing with making artificial crowns on the supporting teeth.</p> <p>Particularities of support teeth preparation and formation the palce for clasp elements placing.</p> <p>Surveying. Free method.</p> <p>Enumerate way (path) of insertion and dezinsertion of Partial Removable Skeletized Denture.</p>	<p>Removable Skeletized Prosthesis manufacturing without making artificial crowns on the supporting teeth.</p> <ul style="list-style-type: none">• To know laboratory steps of Partial Removable Skeletized Prosthesis manufacturing without making artificial crowns on the supporting teeth.• To know clinical steps of partial removable skeletized prosthesis manufacturing with making artificial crowns on the supporting teeth• To know Enumerate laboratory steps of partial removable skeletized prosthesis manufacturing with making artificial crowns on the supporting teeth.• To know Particularities of support teeth preparation and formation the palce for clasp elements placing.• To know Surveying. Free method.• To know way (path) of insertion and dezinsertion of Partial Removable Skeletized Denture.
<p><i>Particularities of designing the Partial Removable Skeletized Prosthesis at I - IV class of partial edentation by Kennedy.</i></p>	
<p>Essence of morpho-pathological analysis of prosthetic field elements.</p> <p>Biomechanics of PRSD at bilateral terminal edentation.</p> <p>Particularities of usage of Disjunctive elements in biterminal edentation.</p> <p>uniterminal edentation are antibasculants use.</p> <p>Particularities of usage of Disjunctive elements in biterminal edentation.</p> <p>Biomechanics of Partial Removable Skeletized</p>	<ul style="list-style-type: none">• To know Essence of morpho-pathological analysis of prosthetic field elements.• To know Biomechanics of PRSD at bilateral terminal edentation.• To know Particularities of usage of Disjunctive elements in biterminal edentation• To know when uniterminal edentation are antibasculants use• To know Particularities of usage of Disjunctive elements in biterminal edentation.• To know Biomechanics of Partial



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COMPONENTS	OBJECTIVES
Prosthesis in I –IV class by Kennedy. Particularities of planing Partial Removable Skeletized Prosthesis in uniterminal edentation	Removable Skeletized Prosthesis in I –IV class by Kennedy. <ul style="list-style-type: none"> To know Particularities of planing Partial Removable Skeletized Prosthesis in uniterminal edentation
<i>Clinical picture at subtotal edentation and particularities of prosthetic treatment with Partial Removable Skeletized Prosthesis with application of special systems.</i>	
COMPONENTS	OBJECTIVES
Ethiology and clinical picture of subtotal edentation. Indications to usage of Dolder-Rumpel system. Component elements of Dolder-Rumpel system. Clinical-laboratory stages at skeletized prosthesis manufacturing using Dolder-Rumpel system. Indications to PRSD on attachments manufacturing. Types of attchements used in PRSD. Biomechanics of PRSD fixed on attachements.	<ul style="list-style-type: none"> To know Ethiology and clinical picture of subtotal edentation. To know Indications to usage of Dolder-Rumpel system. To know Component elements of Dolder-Rumpel system. To know Clinical-laboratory stages at skeletized prosthesis manufacturing using Dolder-Rumpel system. To know Indications to PRSD on attachments manufacturing. To know Types of attchements used in PRSD. To know Biomechanics of PRSD fixed on attachements.
<i>Testing the metal frame of Partial Removable Skeletized dentures in the oral cavity.</i>	
Testing the metal framework of Partial Removable Skeletized Prosthesis in articulator. Requirements. Testing the metal framework of Partial Removable Skeletized Prosthesis on prosthetic field in the oral cavity. Path of insertion and desinsertion of PRSD. Clinical requirements elements of metal	<ul style="list-style-type: none"> To know testing the metal framework of Partial Removable Skeletized Prosthesis in articulator. To know testing the metal framework of Partial Removable Skeletized Prosthesis on prosthetic field in the oral cavity. To know path of insertion and desinsertion of PRSD. To know Clinical requirements elements of metal framework of Partial Removable



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COMPONENTS	OBJECTIVES
framework of Partial Removable Skeletized Denture. Possible mistakes at metal framework of PRSP manufacturing and the methods of their correcting. Determination of central occlusion with metal framework in the oral cavity. Testing the PRSP in the oral cavity. Indications and methods of correction the base of PRSP and occlusal relationships.	Skeletized Denture. <ul style="list-style-type: none">• To know possible mistakes at metal framework of PRSP manufacturing and the methods of their correcting.• To know Determination of central occlusion with metal framework in the oral cavity.• To know Testing the PRSP in the oral cavity• To know Indications and methods of correction the base of PRSP and occlusal relationships.

VI. PROFESSIONAL COMPETENCES (PC) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINDINGS

✓ PROFESSIONAL COMPETENCIES (SPECIFIC) (PC)

CP 1. Identifying and using concepts, principles and theories in professional activities.

CP 2. Thorough knowledge, understanding and operation with theoretical knowledge and basic practical methods.

CP 3. Good knowledge and practical application of the knowledge in relation to the patient, taking into account the age and character of the person, the specificity of the pathology and the patient's experiences with the doctors in order to ensure prosthetic compliance.

CP 4: Completing the medical histories of the patients, conducting the clinical examination and elaborating the indications for the type of para-clinical examination, according to clinical case with their argumentation. Determining options for establishing the diagnosis and treatment plan.

CP 5: Knowledge and simulation of the clinical and para-clinical examination of patients with pathologies in oro-maxilo-facial area; evaluation of para-clinical examination data.

CP 6: Demonstration and application of knowledge gained in the clinical and para-clinical examination of the patient. Promoting the principles of tolerance and compassion towards patients.

✓ Transversal competencies (CT)

CT1. Application of efficient working rules, manifestation of a responsible attitude towards the scientific and didactic field, for optimal and creative valorisation of their own potential in specific situations, observing the principles and norms of professional ethics;

CT2. Ensure effective deployment and effective engagement in team activities.

CT3. Identifying opportunities for continuous training and efficient use of learning resources and



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techniques for their own development.

✓ Study finalizations

At finalization of the course the student will be able to:

- To know: the components of a successful prosthetic act;
- To know the qualities and optimal behavior for the successful practice of medicine.
- To formulate optimal decisions in rendering patient aid in critical situations;

VII. THE STUDENT'S INDIVIDUAL WORK

Nr.	The expected product	Implementation strategies	Evaluation criterias	Term of execution
1.	Working with information sources	Systematically work in the library and mediate. Exploring the current electronic sources on the topic under discussion	1. Quality of formed judgments, logical thinking, flexibility. 2. The quality of the systematization of the informational material obtained through its own activity.	During the semester
2.	Report	Analysis of relevant sources on the topic of the paper. Analysis, systematization and synthesis of information on the proposed theme. Compilation of the report in accordance with the requirements in force and presentation to the chair.	1. The quality of systematization and analysis of the informational material obtained through its own activity. 2. Concordance of information with the proposed theme.	During the semester
3.	Case study analysis	Choice and description of the case study Analysis of the causes of the issues raised in the case study. Prognosis of the investigated case. Deduction of the expected outcome of the case.	1. Analysis, synthesis, generalization of data obtained through own investigation. 2. Formation of an algorithm of knowledge based on the obtained conclusions.	During the semester

METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-EVALUATION

• *Used Teaching and learning methods*

The discipline of orthopedic dentistry is taught in the classical manner, using



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new methods. It provides support for lectures and practical papers in the clinic. The lectures are supported by theoretical course and practical lessons approved by order of the rector. In the lectures, new teaching methods are used with the exposition of the obtained achievements in the field and the demonstration of the didactic materials with the multimedia technique. At the works the students participate in the clinical reception of the patients, prepare the observation history, the scale of the practical works is recorded in the student daily. From modern methods, current control tests, clinical situations presented by study models and orthopantomograms are used. At the department of self-study students prepare papers and/or prepare schemes, casts.

- **Methods of assessment** (including an indication how the final grade is calculated)
- **Current:** Current checks during seminars and practical papers, 5 totals in writing and/or as test-control. For 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 marks from the totalisations, the average annual score is calculated.
- **Final:** The course ends with a colloquium. The note at the colloquium is based on the annual average score. Notes 5 and above are equivalent to "attested", which will be passed to the notes book. The average annual score will be expressed in numbers according to the scoring scale indicated in the table.

Modality to round up the grades at the evaluation steps

Intermediate note grid (annual average, grades from the exam stages)	National scoring system	Equivalent ECTS
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	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	



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I. RECOMMENDED BIBLIOGRAPHY:

A. Obligatory:

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