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factorial analysis of the answers (item analysis) was conducted, with clusters allocated to the lowest and highest levels of success. Statistical processing of the results (M±SD) and assessment of the probability of the difference in indicators were carried out using the Student's t-test. The difference was considered statistically significant at $p<0.05$.

Results. The generalised results of digital monitoring (n=147) showed an average success rate of 69.0±7.6% correct answers, with an average score of 8658±1020. A statistically significant difference was observed between the indicators of the most successful (80.7±4.2%) and weakest (60.5±5.1%) groups ($p<0.05$), indicating heterogeneity in the development of safety competencies.

Factor analysis of responses through the lens of patient safety, considering chronic disease, identified two clusters. The first cluster ("high level of assimilation") concerned the theoretical understanding of patient vulnerability and basic algorithms for current environmental protection. The correct answer rate for risk contingents (Q4) was 92.3±2.1%. The average success rate regarding air disinfection methods (Q7), wet cleaning (Q6) and specific prevention (Q14) was 87.7±1.5%.

In contrast, in the second cluster ("engineering and hygienic and calculation knowledge"), necessary for the architectural protection of patients with chronic diseases from cross-infection, a statistically significant decrease in results to 44.8±6.9% was recorded ($p<0.001$ compared to the first cluster). The greatest knowledge deficit was found in questions regarding determining the efficiency coefficient of air sanation in wards (Q13 – 1.6±4.1%), calculating the area of wards for isolating infectious patients (Q1 – 41.8±3.8%) and sanitary and anti-epidemic measures (Q3 – 37.1±3.5%). In weaker groups, the proportion of correct answers regarding the area of the chambers decreased to 20.0±4.0%.

Conclusions. 1. The safety of patients with chronic non-communicable diseases in a hospital directly depends on the ability of medical staff to minimise the risks of comorbid HAIs by adhering to hygiene standards; 2. The Kahoot! digital tool allows the teacher to clearly assess students' knowledge and identify areas of risk in their training; 3. Future specialists have solid knowledge of identifying vulnerable patient groups and performing basic disinfection, but have significant gaps in their understanding of quantitative parameters for air safety and spatial zoning. The analytical data obtained from the dashboard justify implementing applied computational digital cases to eliminate the identified gaps and ensure the concept of safe care for people with chronic pathologies.

Keywords: Patient Safety, Cross Infection, Chronic Disease, Educational Measure, Formative Feedback.

THE PUBLIC'S AWARENESS OF THE EROSIVE EFFECTS OF ALTERNATIVE DIETARY PATTERNS ON TOOTH ENAMEL

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Introduction: Today, alternative dietary models are gaining increasing popularity – veganism, vegetarianism, raw foodism, fruitarianism, the carnivore diet, as well as various detox practices involving the exclusion of certain food groups or the regular consumption of aggressive food acids. On social media, these approaches are usually presented solely as effective and safe ways to lose weight or "cleanse the body", with no mention of potential side effects. Meanwhile, a sudden change in eating habits can not only trigger disorders of the digestive and cardiovascular systems but also increase the risk of non-carious lesions of the hard tissues of the teeth. The key mechanism behind this effect is an increase in dietary acid load: prolonged contact of the enamel with low-pH acids triggers the chemical demineralisation of hydroxyapatite crystals even without the involvement of cariogenic microflora. This results in progressive erosion of the enamel and dentine, accompanied by loss of the tooth's anatomical shape, aesthetic defects and hyperaesthesia. Since dietary history is not usually taken during a dental appointment, patients with alternative dietary habits are often overlooked by preventive programmes for a long time, which is why our study is relevant.

Objective: To assess the public's awareness of the erosive effects of different dietary patterns on tooth hard tissues and to identify patterns of dietary behaviour and oral hygiene practices.

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Materials and methods: An original online questionnaire was developed for the study, consisting of three sections: demographic characteristics (age, gender); dietary habits and the frequency of consumption of foods with erosive potential; and awareness of dental health and contact with a dentist. Literature sources from the PubMed and Scopus databases were also analysed. Statistical analysis of the data was performed using Pearson's χ^2 test and Fisher's exact test; differences were considered statistically significant at $p<0.05$.

Results: A total of 134 individuals participated in the anonymous, voluntary survey: women accounted for 73.1%, and men for 26.9%. In terms of age, the majority were aged 20-30 years (41.8%) and 18-20 years (38.8%), whilst the 30-40 and over-40 age groups each accounted for 9.7%. 87.3% of respondents followed a traditional, mixed diet, whilst 12.7% followed an alternative diet, the vast majority of whom opted for a raw food diet (10.4%). It is particularly noteworthy that dietary habits are linked to the condition of the hard tissues of the teeth. In the group of alternative diet followers, enamel erosion was diagnosed in 14 out of 17 people (82.4%), whereas among those following a traditional diet, it was found in only 4 out of 117 (3.4%); the difference is statistically significant ($\chi^2=72.9$; $p<0.001$). A similar pattern was observed for tooth sensitivity: 15 out of 17 respondents in the first group (88.2%) complained of it, compared with 30 out of 117 in the second (25.6%); the difference is also statistically significant ($\chi^2=23.3$; $p<0.001$).

Regarding dietary habits, 10.4% of respondents consume sweet fizzy drinks and energy drinks daily, and 37.3% consume them several times a week (together, almost half of those surveyed regularly consume these drinks). Vinegar-based dishes are consumed by 17.9% of participants and rarely by 73.1%; 9.7% of respondents use apple cider vinegar as a dietary supplement or detox remedy. Citrus fruits are consumed several times a week or more frequently by 56.0% of respondents.

An analysis of oral hygiene habits revealed a certain imbalance between mechanical tooth cleaning and remineralising protection: 66.4% of respondents use medium-bristle toothbrushes, 17.2% use soft-bristle ones, 12.7% use electric toothbrushes, and 3.7% use hard-bristle ones. At the same time, only 46.3% of respondents use fluoride-containing or calcium phosphate products, 34.3% do not use such products at all, and 19.4% do not know the composition of the products they use. 39.6% of respondents do not rinse their mouths with water after eating acidic foods, while a further 23.1% do so rarely – in total, over 60.0%. 67.2% of respondents are aware that acidic fruits, berries and juices can cause enamel erosion; however, only 49.3% can confidently state the pH level considered safe for enamel, 29.9% have heard of it but cannot recall the figure, and 20.9% are unaware of it altogether.

The most telling finding was the low level of preventive engagement with a dentist: 82.1% of respondents have never discussed their diet with a dentist. The main sources of information on the impact of diet on dental health remain the internet and social media (38.8%), medical literature (34.3%), dentists (20.1%), and friends and relatives (6.7%).

Conclusions: Enamel erosion and tooth sensitivity are significantly more common among individuals with an alternative diet than among those following a traditional diet ($p<0.001$). This is consistent with the hypothesis that dietary acid load plays a leading role in the development of such non-carious lesions. Despite a fairly high level of general awareness regarding the erosive effects of acidic foods (67.2%), the population's practical preventive skills remain inadequate: over 60% of respondents do not take any measures to reduce acidity in the oral cavity after eating, and fewer than half of those surveyed use remineralising agents. Notably, 110 out of 134 respondents (82.1%) had never raised their diet during a dental appointment – precisely the kind of information that could have highlighted the risk of erosion at an early stage. Therefore, taking a dietary history should be included in a standard dental examination, particularly when dealing with patients who follow alternative diets.

Keywords: Tooth Erosion; Dental Enamel; Diet, Food, and Nutrition; Dental Care; Oral Hygiene.

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