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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Head of the Department
of Infectious Diseases

 / Simakova A.I./
“10th” of April 2026

COLLECTION OF ASSESSMENT TOOLS

B1.C.32 Infectious diseases of the basic educational program of Higher Education

Specialty	31.05.01 General Medicine (English-language program) (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system)
Mode of study	Full-time
Period of mastering the BEP	6 years (nominal length of study)
Department	of Infectious Diseases

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.01 General Medicine (English-language program), profile 02 "Healthcare" (in the field of providing primary health care to the population in medical organizations: polyclinics, outpatient clinics, inpatient/outpatient facilities of the municipal health care system).

([BEP HE for the 31.05.01 General Medicine \(English-language program\)](#)), section 3. Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	Continuous assessment	Tests
		Interview Questions
		Mini-Case Studies
2	Interim assessment	Interview Questions
		Mini-Case Studies
		Checklists

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

1. Tests

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems

C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. The leading feature in the pathogenesis of typhoid fever is the involvement of: +A) Lymphatic apparatus of the small intestine B) Liver and spleen C) Central nervous system D) Lymphatic apparatus of the large intestine 2. A late clinical symptom of typhoid fever is: +A) Roseola rash B) Fever C) Headache D) Coated tongue 3. A characteristic complaint of patients with typhoid fever is: +A) Headache B) Lower back pain C) Muscle pain D) Abdominal pain 4. A specific complication of typhoid fever is: +A) Intestinal bleeding B) Myocarditis C) Pyelitis D) Parotitis 5. The most reliable method of laboratory diagnosis of typhoid fever in the first week of the disease is: +A) Blood culture B) Stool culture C) Serological blood test D) Urine culture 6. The combination of fever, headache, tenderness in the ileocecal region, scant roseola rash with enlargement of the liver and spleen most likely indicates: +A) Typhoid fever B) Epidemic typhus C) Tick-borne encephalitis D) Dysentery 7. A patient with dysentery releases the pathogen into the environment with: +A) Feces B) Feces and urine C) Feces and vomit D) Feces and saliva

		8. The transmission mechanism for dysentery is: +A) Fecal-oral B) Vertical C) Transmissive D) Aspiration 9. Characteristic of dysentery is: +A) Loose stool with mucus and blood B) Compacted, painless, slightly mobile sigmoid colon C) Thickening and tenderness of the cecum D) Cramping pain in the middle part of the abdomen 10. A diagnostic method for dysentery is: +A) Stool culture B) Rectosigmoidoscopy C) Blood culture D) Passive hemagglutination test 11. During the peak of dysentery, patients require the following therapeutic diet: +A) Diet No. 4 B) Diet No. 1 C) Diet No. 5 D) Diet No. 7
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Assessment criteria

“Very good” - more than 80% correct answers of questions of every level

“Good” - 70-79% correct answers of questions of every level

“Satisfactory” - 55-69% correct answers of questions of every level

“Unsatisfactory” - less than 55% correct answers of questions of every level

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures

F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		ANSWER THE QUESTIONS General section 1. Classification of infectious diseases according to Gromashevsky. 2. Infectious process, forms, stages of development. 3. Clinical forms of infectious diseases, the most characteristic syndromic manifestations of infectious diseases. 4. General principles of treatment of infectious diseases, groups of drugs, indications for their use. 5. Mechanism of infection transmission: definition, stages, types. Routes of transmission, give examples for specific infectious diseases. 6. The system of epidemiological surveillance of infectious diseases at the present stage (goals, measures). 7. Jaundice syndrome in the clinical practice of infectious diseases, principles of patient examination. 8. Meningeal syndrome in the clinical practice of infectious diseases, principles of patient examination. 9. Exanthema syndrome in the clinical practice of infectious diseases. Characteristics of skin rashes. 10. Fever syndrome in the clinical practice of infectious diseases, principles of patient examination. 11. Diarrhea syndrome in the clinical practice of infectious diseases, principles of patient examination. 12. Emergency conditions in the clinical practice of infectious diseases. Acute laryngeal stenosis – croup, etiology, clinical presentation, pathogenesis, treatment. 13. Infectious-toxic shock in the clinical practice of infectious diseases, pathogenesis, clinical presentation, diagnosis, physician's tactics. 14. Hypovolemic shock in acute intestinal infections, pathogenesis, clinical presentation, physician's tactics. 15. Organization and regimen of infectious disease hospitals. Rules for admission and discharge of infectious patients from hospitals. 16. Nosocomial infections: etiology, epidemiology, pathogenesis, prevention. 17. Highly dangerous infections, characteristics. Features of the organization and regimen of a hospital for patients with highly dangerous infectious diseases. 18. Concepts of infectious process, infectious disease, carriage of an infectious agent. Modern ecological aspects of the infectious process. 19. Basic principles of treatment of infectious patients. 20. Etiological therapy in the clinical practice of infectious diseases. 21. Infectious disease office, significance, functions. Rules for referring infectious patients to hospital. Clinical follow-up of those who have had infectious diseases. 22. Use of therapeutic sera, vaccines, immunoglobulins in the clinical practice of infectious diseases. Indications. Complications. 23. The concept of natural focal diseases. The importance of ecology in the emergence of natural focal diseases in Primorsky Krai. 24. Pathogenetic therapy in the comprehensive treatment of infectious patients. 25. Complications of therapy in infectious patients. Drug disease, clinical

	presentation, classification, physician's tactics. 26. Clinical forms of infectious diseases. Relapses, exacerbations. Give examples for specific infectious diseases. 27. Features of the modern course of infectious diseases (acute, prolonged and chronic course). 28. Prevention of infectious diseases (types, methods). 29. Immunological basis of the infectious process. The importance of the macroorganism in the formation of infectious diseases. 30. The importance of epidemiological history in the diagnosis of infectious diseases (give examples for specific infectious diseases). 31. Use of immunotropic drugs in the clinical practice of infectious diseases, indications, contraindications. 32. Methods of laboratory diagnosis of infectious diseases (use in specific infectious diseases). 33. Clinical and pathogenetic features of infectious diseases. 34. The importance of the etiological agent in the infectious process. 35. DIC syndrome in the clinical practice of infectious diseases. Pathogenesis, diagnosis, principles of treatment. 36. The concept of slow human infections. 37. Human helminthiasis. Classification, features of pathogenesis, diagnosis. 38. Serum sickness. Pathogenesis, clinical presentation, treatment. 39. Anaphylactic shock, definition, pathogenesis, clinical presentation, treatment. 40. Acute renal failure in the clinical practice of infectious diseases, pathogenesis, diagnosis, treatment. 41. Acute respiratory failure in the clinical practice of infectious diseases, pathogenesis, clinical presentation, diagnosis, treatment. 42. Differential diagnosis of lymphadenopathy syndrome in infectious diseases. Specialized section 1. Etiology, epidemiology, pathogenesis, clinical features of modern typhoid fever. 2. Clinical-epidemiological and laboratory diagnosis of typhoid fever. 3. Pathological anatomy and clinical presentation of typhoid fever. Classification. 4. Complications of typhoid fever. Clinical presentation, diagnosis, treatment. 5. Early clinical and laboratory diagnosis of typhoid fever. Differential diagnosis. 6. Clinical features of paratyphoid A and paratyphoid B, laboratory diagnosis and treatment. 7. Differential diagnosis of bacterial dysentery with cholera, salmonellosis, foodborne toxicoinfections, nonspecific ulcerative colitis. 8. Clinical presentation of bacterial dysentery. Complications, their diagnosis. 9. Etiology, epidemiology, pathogenesis, laboratory diagnosis of acute dysentery. Morphological changes in the intestine. 10. Modern treatment and prevention of bacterial dysentery. 11. Etiology, epidemiology, pathogenesis, classification of salmonellosis. 12. Clinical presentation, classification, laboratory diagnosis of localized forms of salmonellosis, treatment. 13. Clinical presentation of generalized forms of salmonellosis,
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	complications. Treatment. 14. Etiology, epidemiology, pathogenesis, clinical presentation of botulism. 15. Clinical-epidemiological and laboratory diagnosis, treatment of botulism. 16. Etiology, epidemiology, pathogenesis, clinical presentation of cholera. 17. Clinical-epidemiological and laboratory diagnosis of cholera. 18. Treatment and prevention of cholera. 19. Differential diagnosis of cholera with salmonellosis, dysentery, foodborne toxicoinfections. 20. Ascariasis. Clinical presentation, pathogenesis, diagnosis, treatment. 21. Enterobiasis. Clinical presentation, pathogenesis, diagnosis, treatment. 22. Trichinellosis. Etiology, epidemiology, pathogenesis, clinical presentation. 23. Trichinellosis, clinical-epidemiological and laboratory diagnosis. Treatment. 24. Foodborne toxicoinfections. Etiology, epidemiology, classification, clinical presentation, principles of treatment. 25. Salmonellosis. Differential diagnosis with dysentery, cholera, foodborne toxicoinfections. 26. Botulism. Differential diagnosis. 27. Etiology, epidemiology, pathogenesis of viral hepatitis A. 28. Clinical presentation of viral hepatitis A. Classification, outcomes and complications. 29. Laboratory diagnosis of viral hepatitis A by periods of the disease using different methods. 30. Etiology, epidemiology, pathogenesis, classification of acute viral hepatitis B. 31. Etiology, pathogenesis and clinical presentation of viral hepatitis C. 32. Pathogenesis, clinical presentation and marker diagnosis of chronic viral hepatitis B. 33. Marker diagnosis of viral hepatitis A by periods. 34. Marker diagnosis of acute and chronic viral hepatitis B by periods (ELISA and PCR methods). 35. Marker diagnosis of acute and chronic viral hepatitis C by periods (ELISA and PCR methods). 36. Treatment and prevention of viral hepatitis A. 37. Treatment and prevention of acute and chronic viral hepatitis B. 38. Treatment and prevention of acute and chronic viral hepatitis C. 39. Viral hepatitis D. Etiology, epidemiology, pathogenesis, clinical presentation, classification. 40. Outcomes and complications of parenteral viral hepatitis, clinical presentation, diagnosis. 41. Classification of viral hepatitis. Principles of laboratory diagnosis. 42. Liver cirrhosis as an outcome of viral hepatitis. Etiology, epidemiology, clinical presentation, diagnosis. 43. Acute hepatic encephalopathy (coma), etiology, pathogenesis, clinical presentation, treatment. 44. Differential diagnosis of viral hepatitis and obstructive jaundice caused by cholelithiasis, oncological diseases of the hepato-pancreato-duodenal zone. 45. Differential diagnosis of viral hepatitis with toxic (alcoholic, drug-
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	induced) hepatitis. 46. Etiology, epidemiology, pathogenesis, laboratory diagnosis of influenza. 47. Clinical presentation, classification of influenza. Complications, classification, diagnosis. 48. Modern treatment of influenza and its complications. 49. Adenovirus infection, clinical presentation, diagnosis, treatment. 50. Parainfluenza, etiology, clinical presentation, diagnosis, treatment. False croup, concept, emergency care. 51. Epidemiology, pathogenesis, clinical presentation and diagnosis of meningococcal meningitis. 52. Laboratory diagnosis, treatment and complications of meningococcal meningitis. 53. Meningococcal infection. Etiology, epidemiology, pathogenesis, clinical classification. 54. Pathogenesis, clinical-epidemiological and laboratory diagnosis of meningococemia, treatment. 55. Differential diagnosis of meningococcal meningitis with tuberculous meningitis, cerebral hemorrhage, other purulent meningitis. 56. Etiology, epidemiology, pathogenesis of epidemic typhus. 57. Modern typhus (Brill's disease). 58. Clinical presentation, complications, laboratory diagnosis, treatment of epidemic typhus. 59. Tick-borne typhus. Etiology, pathogenesis, clinical presentation, diagnosis, treatment. 60. Tick-borne borreliosis, etiology, pathogenesis, clinical presentation, diagnosis, treatment. 61. Differential diagnosis of infections transmitted by tick bites. 62. Etiology, epidemiology, pathogenesis, clinical presentation, classification of malaria. 63. Clinical-epidemiological and laboratory diagnosis of tertian malaria. 64. Etiology, pathogenesis and clinical presentation of tropical malaria. 65. Clinical-epidemiological and laboratory diagnosis of tropical malaria. 66. Treatment and prevention of malaria. 67. Tropical malaria. Clinical presentation, complications, differential diagnosis, treatment. 68. Hemorrhagic fever with renal syndrome. Etiology, epidemiology, pathogenesis, laboratory diagnosis. 69. Clinical presentation of hemorrhagic fever with renal syndrome. Complications, diagnosis, treatment. 70. Erysipelas. Etiology, pathogenesis, clinical presentation, clinical classification, treatment. 71. Differential diagnosis of erysipelas with herpes infection, phlegmons, thrombophlebitis. 72. Tetanus. Etiology, epidemiology, pathogenesis, clinical presentation. 73. Diagnosis of tetanus. Treatment. Prevention. 74. Etiology, epidemiology, pathogenesis, classification of brucellosis. 75. Clinical presentation, laboratory diagnosis, treatment of brucellosis. 76. Plague. Etiology, epidemiology, pathogenesis, classification. 77. Clinical-epidemiological and laboratory diagnosis of bubonic plague. 78. Clinical-epidemiological and laboratory diagnosis of pneumonic plague. 79. Clinical classification, differential diagnosis of plague. 80. Tularemia. Etiology, epidemiology, pathogenesis, clinical
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	presentation, diagnosis, treatment. 81. Anthrax. Etiology, epidemiology, pathogenesis, clinical presentation, laboratory diagnosis. 82. Clinical classification of anthrax, differential diagnosis, treatment. 83. Leptospirosis. Etiology, pathogenesis, clinical presentation, diagnosis, treatment. Differential diagnosis with other natural focal diseases. 84. Yersiniosis. Etiology, epidemiology, pathogenesis, clinical presentation, diagnosis. 85. Yersiniosis. Classification. Differential and laboratory diagnosis, treatment. 86. Infectious mononucleosis. Etiology, pathogenesis, clinical presentation, differential diagnosis, treatment. 87. Diphtheria. Clinical presentation of localized diphtheria of the oropharynx. Laboratory and differential diagnosis with tonsillitis. 88. Clinical presentation of toxic diphtheria of the oropharynx. Differential and laboratory diagnosis, treatment. 89. Rabies. Etiology, epidemiology, clinical presentation, prevention. 90. HIV infection. Etiology, epidemiology, pathogenesis. 91. HIV infection. Clinical presentation and treatment of opportunistic infections. 92. Clinical classification of HIV infection. Main symptoms of acute retroviral syndrome. Laboratory diagnosis. 93. Clinical presentation of the terminal stage of HIV infection. Laboratory diagnosis, treatment. 94. Diphtheria. Etiology, epidemiology, pathogenesis, classification. 95. Diphtheria. Treatment. Prevention. 96. HIV infection. Clinical presentation, classification, laboratory diagnosis. 97. Herpesvirus infection in humans. Classification. Pathogenesis, clinical presentation, diagnosis, treatment. 98. Acute respiratory viral infections. Etiology, classification, pathogenesis, clinical presentation, differential diagnosis. 99. Measles. Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention. 100. Mumps. Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention. 101. Rubella. Etiology, pathogenesis, clinical presentation, diagnosis, treatment, prevention. 102. Novel coronavirus infection. Etiology, epidemiology, prevention. 103. Novel coronavirus infection. Clinical presentation, diagnosis, treatment. 104. Differential diagnosis of acute viral hepatitis taking into account etiology, epidemiology, pathogenesis and clinical features.
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Case Studies

	Code	Competence description / name of labor function / name of work activity / text
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C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient S., 58 years old, visited the clinic after two weeks following intramuscular administration of tetanus antitoxin serum (TAS), he developed swelling and tenderness at the injection site, as well as a fine papular rash with moderate itching. The patient also notes fever up to 38°C.
Q	1	Question: What is your diagnosis?
Q	2	Question: Tactics, treatment plan.
Q	3	Question: Prevention.
Q	4	Question: Pathogenesis of this condition.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient S., 65 years old, was hospitalized on the 5th day of illness in the infectious disease ward with acute symptoms: severe headache, high fever (39-39.5°C), general weakness, insomnia and agitation. Examination revealed: pronounced scleritis, enanthema on the soft palate and abundant roseolous-petechial rash on the skin. Also positive hepatolienal syndrome. From the patient's history, it is known that she had some kind of typhus 30 years ago. Lice infestation in herself and relatives over the past 10-20 years is denied
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Outline an examination plan.
Q	3	Question: Treatment plan.

Q	4	Question: Differential diagnosis of the disease.
Q	5	Question: Etiology and pathogenesis of this infection.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Zh., 30 years old, resident of a rural area, was admitted to the infectious disease department in severe condition. On examination: temperature 39°C, consciousness preserved, face – expression of suffering, patient moaning. When attempting to open the mouth – feels resistance of facial muscles. Trunk muscles are tense, tonic convulsions appear periodically, especially of the back muscles (opisthotonus). On the left foot – an infected abrasion
Q	1	Question: What disease can be suspected?
Q	2	Question: Treatment plan.
Q	3	Question: Prevention.
Q	4	Question: Epidemiology of this disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A kindergarten teacher consulted a doctor due to fever up to 38°C and the appearance of a rash on the skin of the trunk, extremities, face, and scalp. Objectively: condition satisfactory. Temperature 37.8°C. The rash on the indicated areas is polymorphic in nature: on a limited area of skin, spots, papules, vesicles and crusts can be seen simultaneously. Vesicles have a single-chamber structure, surrounded by a halo of hyperemia.
Q	1	Question: What is your diagnosis?
Q	2	Question: Treatment tactics.
Q	3	Question: Principles of treatment.
Q	4	Question: Differential diagnosis with other infections occurring with exanthemas.
Q	5	Question: Epidemiology of the infection.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Ch., 33 years old, was admitted to the clinic on the 10th day of illness with complaints of headache, high fever, poor appetite, loose stools up to 4 times a day. Objectively: lethargy, adynamia, body temperature 39.5°C, single roseola rash on the abdominal skin, relative bradycardia, moderate abdominal distension, enlarged liver and spleen.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Laboratory examination plan.
Q	3	Question: Etiology of the disease.
Q	4	Question: Pathogenesis of the disease.
Q	5	Question: What facts of epidemiological history need to be clarified?
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 17 years old, ill for about 1 week. Admitted to the clinic with complaints of sore throat, high fever, myalgias, general weakness, malaise. Objectively: condition of moderate severity, temperature 38.8°C,

		all groups of peripheral lymph nodes are palpable, moderately tender, not fused to each other. In the throat – hypertrophy and edema of the tonsils, purulent plaque in the lacunae. Enlarged liver and spleen. Complete blood count: leukocytosis – 15000, E – 1%, band – 0%, segmented – 20%, lymphocytes – 60%, monocytes -10%, atypical mononuclear cells – 10%, ESR – 25 mm/h. The day before, he took antibacterial drugs (amoxicillin), without significant effect.
Q	1	Question: What is your diagnosis?
Q	2	Question: Differential diagnosis.
Q	3	Question: Treatment plan.
Q	4	Question: Laboratory examination plan.
Q	5	Question: Etiology and pathogenesis of the disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Zh., 20 years old, returning from a vacation spent in rural areas of Siberia, became acutely ill: high fever with chills, nausea, occasional vomiting of ingested food, dull pain in the right hypochondrium. Examination revealed scleral subicterus, enlarged and tender liver. Blood test – pronounced eosinophilia 38%, leukocytosis ($12.0 \cdot 10^9$). During questioning, it was found that during the vacation he often consumed dried and smoked carp fish
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Laboratory diagnosis.
Q	3	Question: Principles of treatment.
Q	4	Question: Differential diagnosis with other helminthiases.
Q	5	Question: Epidemiological features of the disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient V., 28 years old, consulted an infectious disease specialist at a polyclinic with complaints of weakness, malaise, fever up to 37.8°C , dull abdominal pain (more on the right), loose stools up to 3-4 times a day, liquid stool with glassy mucus, reddish in color, resembling "raspberry jelly". From the history: ill for 3 weeks, symptoms developed gradually. When collecting epidemiological history, notes consumption of unboiled water.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Laboratory examination plan.
Q	3	Question: Differential diagnosis.
Q	4	Question: Treatment of the patient.
Q	5	Question: Etiology and pathogenesis of the infection.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 40 years old, examined by a district physician at home. From the history: became acutely ill two days ago with fever up to $38-39^{\circ}\text{C}$, nausea, appearance of sharp cramping pain in the lower abdomen, more on the left, very frequent (more than 20 times), liquid stool with admixture of mucus and blood streaks. On objective examination, a tender, spasmodic sigmoid colon is palpable

Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Therapeutic tactics of the physician.
Q	3	Question: Laboratory examination plan.
Q	4	Question: Epidemiological features of the infection.
Q	5	Question: Conduct differential diagnosis of the disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 63 years old, resident of a border area with Mongolia, while hunting noticed the death of rodents, removed their skins. Became acutely ill: headache, weakness, chills alternating with fever, nausea, vomiting, a swelling appeared in the right axillary region. Objectively: temperature 39.8°C, condition severe, expression of terror on the face, lips cyanotic, "chalky" tongue. In the right axillary region, an enlarged conglomerate of lymph nodes, skin over it shiny, hyperemic, surrounding tissues edematous, on palpation of the bubo – sharp tenderness, the right arm is forcibly abducted.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Clinical form?
Q	3	Question: Tactics of the polyclinic physician.
Q	4	Question: Laboratory examination plan.
Q	5	Question: Treatment plan.
Q	6	Question: Epidemiology of the infection.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Sh., 40 years old, admitted to the clinic with complaints of frequent profuse watery stools, without abdominal pain, repeated projectile vomiting, cramps in the muscles of the arms and legs. Became acutely ill 20 hours ago. Epidemiological history: two days ago rested on the banks of the Volga. Drank unboiled water. Objectively: temperature 35.8°C, BP – 85/40 mm Hg, skin dry, turgor reduced. Facial features sharpened. Abdomen soft, painless. Vomitus and stools are watery, resembling "rice water".
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Classification of clinical forms.
Q	3	Question: Physician's tactics, treatment plan.
Q	4	Question: Differential diagnosis with other intestinal infections.
Q	5	Question: Laboratory examination plan.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient N., 25 years old, worked in the taiga of Primorsky Krai in May-June. Became acutely ill on July 2. Temperature rose to 39°C, nausea, vomiting, severe headache appeared. Objectively: facial hyperemia, scleritis, conjunctivitis, positive meningeal symptoms (neck stiffness, Brudzinski-Kernig sign). Lumbar puncture: fluid clear, released under pressure, examination of CSF shows moderate increase in cytosis (predominance of lymphocytes, protein, sugar). On the 6th day of illness, paralysis of the neck and shoulder girdle muscles appeared.
Q	1	Question: What is your preliminary diagnosis?

Q	2	Question: What questions of epidemiological history should be clarified with the patient?
Q	3	Question: Laboratory diagnosis plan.
Q	4	Question: Treatment plan.
Q	5	Question: Prevention.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient T., 20 years old, tourist in the Astrakhan region, hunter by profession. 7 days after returning from muskrat hunting, he felt chills, severe headache and sore throat when swallowing. Objectively: temperature 38.5°C, in the throat – ulcerative tonsillitis on the left, cervical lymph nodes enlarged, somewhat dense, slightly tender, skin over the bubo unchanged.
Q	1	Question: What is your diagnosis?
Q	2	Question: What clinical form?
Q	3	Question: Epidemiology of this infection.
Q	4	Question: Diagnosis.
Q	5	Question: Treatment plan.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient O., 14 years old, became ill on January 3. Moderate headaches, malaise, chills appeared. Temperature 38.3°C. By evening, swelling in the area of the parotid glands, moderate pain during chewing and speaking joined. On examination: parotid salivary glands enlarged in volume, doughy consistency, sensitive to palpation. Excretory ducts of the salivary glands edematous, hyperemic.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Epidemiological features of the infection.
Q	3	Question: Physician's tactics.
Q	4	Question: Differential diagnosis?
Q	5	Question: Treatment plan
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient D., 20 years old, was prescribed penicillin injections for tonsillitis. 5-10 minutes after administration of the drug, the patient developed anxiety, agitation, suffocation, convulsive twitching of individual muscle groups, and blood pressure dropped to minimal values.
Q	1	Question: What is your diagnosis?
Q	2	Question: Pathogenesis of this condition.
Q	3	Question: Emergency care for the patient?
Q	4	Question: Prevention.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS In a team of agricultural workers engaged in haymaking in the Khankaisky district of Primorsky Krai, 2 people fell ill simultaneously. The disease was characterized by acute onset with high fever, chills, headache; muscle pain (especially in the calf muscles). Objectively: facial

		hyperemia and puffiness, vascular injection of the sclera, skin hyperemia of the upper chest. Measles-like rash on the skin of the trunk and extremities. Enlarged liver. In the blood – neutrophilic leukocytosis, elevated ESR.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Etiology of the disease.
Q	3	Question: Possible mechanism of infection?
Q	4	Question: Laboratory diagnosis.
Q	5	Question: Differential diagnosis.
Q	6	Question: Treatment plan.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient G., 30 years old, hospitalized in an infectious disease ward. Ill for 5 days. The disease began with cough, runny nose, fever up to 39°C. In the following days, the general condition remained unchanged. On the 4th day of illness, an abundant rash appeared on the face, which the next day spread to the arms and trunk. On the buccal mucosa there are whitish, slightly raised white spots (Filatov-Koplik spots). The skin rash is maculopapular with a tendency to coalesce. Face puffy, conjunctivitis, scleritis.
Q	1	Question: What is your diagnosis?
Q	2	Question: Epidemiology of this infection.
Q	3	Question: Differential diagnosis.
Q	4	Question: Possible complications.
Q	5	Question: Treatment plan.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 32 years old, became acutely ill: mild runny nose, slight cough, redness of the conjunctiva, pain in the neck area. On the 2nd day of illness, a rash appeared on the face and neck, and within a few hours spread throughout the body. Objectively: patient's condition of moderate severity, temperature 37.2°C, posterior cervical and occipital nodes enlarged and tender. On the skin of the face, trunk, extremities – pale red rash, not prone to coalescence. 8 days before the current illness, his child had a similar illness.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Epidemiology of this infection.
Q	3	Question: Laboratory diagnosis plan.
Q	4	Question: Differential diagnosis.
Q	5	Question: Treatment plan.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS In the city of Vladivostok, in an organized group of adults, 10 people fell ill within a week. All patients were united by common nutrition. During inspection of the canteen, rodents were found in the food warehouse. The disease began acutely: high fever, headache, joint pain appeared. On the 2nd day of illness, a pink pinpoint rash appeared on the skin of the chest

		and lateral surfaces of the trunk. Hands and feet are hyperemic and slightly edematous.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Laboratory examination plan.
Q	3	Question: Principles of treatment.
Q	4	Question: Differential diagnosis.
Q	5	Question: Clinical form of the disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A tourist in a cave was bitten by a bat.
Q	1	Question: What disease virus could the bat be a carrier of?
Q	2	Question: Epidemiological features of the disease.
Q	3	Question: Clinical symptoms of the disease.
Q	4	Question: Prevention of the disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 20 years old, was admitted to the infectious disease hospital. History: within 3 days, fever up to febrile levels, moderate sore throat when swallowing, joint pain. On the 2nd day of illness, a rash appeared. On examination: T – 38.1°C, face hyperemic, on the trunk – in the axillary and inguinal areas – symmetrically located (pinpoint) pink rash. Hands and feet hyperemic and slightly edematous. Sclera subicteric, the edge of the liver and spleen are palpable.
Q	1	Question: What disease should be considered?
Q	2	Question: What epidemiological information is needed to clarify the diagnosis?
Q	3	Question: Principles of laboratory diagnosis.
Q	4	Question: What infections should be differentially diagnosed?
Q	5	Question: What clinical form of the disease?
Q	6	Question: Treatment.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 30 years old, worked in an expedition to catch rodents. He became ill suddenly. He developed the following symptoms: headache, weakness, chills alternating with fever, high temperature, nausea, vomiting. On examination, the physician found that the patient's condition was severe, body temperature 39.8°C. On the patient's face was an expression of terror. Lips were cyanotic, and the tongue was "chalky". In the left axillary region, the physician found an enlarged and tender conglomerate of lymph nodes. The lymph nodes were fused to the surrounding tissues. The skin over them was hyperemic, and lymphangitis was also observed. Due to sharp tenderness, the patient was forced to abduct his left arm.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Clinical form?
Q	3	Question: Differential diagnosis.
Q	4	Question: Laboratory examination plan.
Q	5	Question: Treatment plan.

I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 30 years old, veterinarian, consulted with complaints of chills, sweating, fever up to 39°C, joint pain for a week. On examination: T – 39.5°C. General condition satisfactory. Skin pale, moist, lymphadenopathy, pulse 88 bpm. Regular. BP – 100/60 mm Hg. Heart sounds muffled. Enlarged liver and spleen are determined.
Q	1	Question: What is your diagnosis by classification?
Q	2	Question: Epidemiology of this disease.
Q	3	Question: Laboratory examination plan.
Q	4	Question: Principles of treatment.
Q	5	Question: Tactics regarding further follow-up, professional orientation of the patient.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS After family members ate undercooked bear meat, two of them developed symptoms of illness. The disease developed gradually: people felt weakness, had fever, and experienced general malaise. Objectively: temperature 39°C, eyelid edema, facial puffiness, sweating. On the skin of the trunk and extremities – urticarial rash. Sharp tenderness of the back and calf muscles. Blood test: leukocytes – $12 \times 10^9/l$, ESR – 19 mm/h, band – 2%, segmented – 37%, EOS – 40%, M – 3%.
Q	1	Question: What is your diagnosis? (This is a helminthiasis, which one?)
Q	2	Question: Characteristics of the pathogen.
Q	3	Question: Laboratory and clinical diagnosis.
Q	4	Question: Principles of treatment.
Q	5	Question: Prevention of the disease.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 20 years old, shepherd, was admitted to the infectious disease ward on the 3rd day of illness in moderate condition. On examination, edema of the left cheek and left side of the neck, descending to the clavicle, is determined. In the area of the left angle of the mandible, an ulcer of 2x2 cm in size, oval in shape, was found. The ulcer had a black bottom and was surrounded by a wide rim of coalesced vesicles with cloudy contents. Serous discharge was oozing from the ulcer. Submandibular and lateral cervical lymph nodes are enlarged, mobile, painless
Q	1	Question: What additional epidemiological history information is needed?
Q	2	Question: What is your diagnosis?
Q	3	Question: Laboratory diagnosis.
Q	4	Question: Differential diagnosis.
Q	5	Question: Principles of treatment.
Q	6	Question: Clinical forms.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

		In early December, mass diseases appeared in the city. The disease began acutely: chills, fever up to 40°C, dry cough, severe headache localized in the frontal and temporal regions, pain when moving eyeballs and muscle pain. Objectively: facial hyperemia, scleritis, conjunctivitis. Oropharyngeal mucosa brightly hyperemic, granularity of the posterior pharyngeal wall. Pulse rhythmic, rapid. Blood pressure reduced. Heart sounds muffled. In the lungs – harsh breathing. The febrile period lasted 4 days, followed by complete recovery.
Q	1	Question: What is your diagnosis?
Q	2	Question: Laboratory diagnosis.
Q	3	Question: Differential diagnosis.
Q	4	Question: Treatment plan.
Q	5	Question: Prevention.
Q	6	Question: Complications.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 30 years old, became ill on July 14, 2 weeks after returning from Vietnam. At 11 o'clock, appeared: severe chills, body aches, headache, temperature 40°C. After 6 hours, the temperature with profuse sweating decreased to normal levels. Worried about severe weakness, drowsiness. Subsequently (16/VII, 18/VII, 20/VII), such attacks repeated in the morning hours. On examination: condition severe, temperature 40°C, skin hot to touch, pale with a jaundiced tinge. Liver protrudes by 2 cm, spleen large, dense. Diuresis reduced
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Characteristics of the pathogen.
Q	3	Question: Examination plan.
Q	4	Question: Differential diagnosis.
Q	5	Question: Prevention.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS In June, a group of loggers worked in the taiga areas of Primorsky Krai. A week after returning to the city, one of the group members fell ill. The disease began acutely with high fever, headache and muscle pain. Against the background of fever on the 5th day of illness, a maculopapular rash with petechiae appeared on the skin of the trunk, arms and legs. On examination of the patient, a slightly tender infiltrate surrounded by a halo of hyperemic skin (primary affect) was found on the neck. Regional lymph nodes were also enlarged. Epidemiological history: the patient does not deny tick attachment.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: Characteristics of the pathogen.
Q	3	Question: Laboratory and differential diagnosis.
Q	4	Question: Principles of treatment.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Within 24 hours, five cases of illness were identified among a group of students. The symptoms in all patients were similar: general malaise, headache, chills, fever from subfebrile to 39°C, nausea, repeated

		vomiting of food eaten the day before. There was also frequent, liquid, watery, foul-smelling stool with an admixture of green, severe weakness. It was found that the sick students ate in the canteen. Objectively: tongue dry, moderately coated with white coating, abdomen somewhat distended, on palpation there was sharp diffuse tenderness.
Q	1	Question: Epidemiological history?
Q	2	Question: Presumptive diagnosis?
Q	3	Question: Nature of the pathogen, form, severity.
Q	4	Question: Prescribe a treatment plan.
Q	5	Question: Principles of treatment.
Q	6	Question: Complications.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 20 years old, became acutely ill: moderate sore throat, malaise, headache, fever up to 38°C appeared. On examination, the physician found that the tonsils were enlarged and edematous, and the mucous membrane of the pharynx had mild hyperemia. On the surface of the tonsils, dense whitish coatings with a pearlescent sheen are visible, resembling films. When trying to remove the coatings, bleeding erosions form on the surface of the tonsils. Submandibular lymph nodes are enlarged, dense and painless.
Q	1	Question: Characteristics of the pathogen
Q	2	Question: What is your preliminary diagnosis?
Q	3	Question: Clinical classification. Laboratory and differential diagnosis.
Q	4	Question: Treatment.
Q	5	Question: Complications.
Q	6	Question: Prevention.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient S., 30 years old, was hospitalized on the 7th day of illness with complaints of headache, high fever, insomnia, lack of appetite, stool retention. The disease developed gradually: temperature rose daily, weakness and headache increased. Objectively: condition closer to severe; temperature 39.9°C, patient pale, adynamic. Pulse 80 bpm, weak filling. BP – 90/60 mm Hg. Tongue heavily coated with yellow coating, teeth marks on the edges. Abdomen on palpation distended, tender in the right iliac region, spleen palpable.
Q	1	Question: Epidemiological history?
Q	2	Question: What is your preliminary diagnosis?
Q	3	Question: Examination plan.
Q	4	Question: Treatment plan.
Q	5	Question: Complications, physician's tactics.
Q	6	Question: Measures in the focus
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Zh., 27 years old, was admitted to the infectious disease ward with complaints of loose stools and abdominal discomfort. The next day, the stool sharply increased and took on the appearance of "rice water".

		Then profuse repeated vomiting, dehydration, convulsions, decreased BP, hoarseness, general cyanosis, hypothermia appeared
Q	1	Question: What questions of epidemiological history should be asked?
Q	2	Question: What is your preliminary diagnosis?
Q	3	Question: Laboratory diagnosis.
Q	4	Question: Treatment plan.
Q	5	Question: Prevention.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 20 years old, became acutely ill. Temperature rose, headache, weakness, malaise. Later, sore throat when swallowing appeared. By the end of the first day, an abundant non-pruritic rash appeared on the skin. Objectively on the 3rd day of illness: on the skin, a bright fine-spotted rash in natural skin folds. In the axillae, inguinal folds, on the inner surfaces of the thighs – confluent rash. Oropharyngeal mucosa hyperemic, in the lacunae of the tonsils – pus, tender and enlarged regional lymph nodes. Tongue coated, crimson on the edges. Enlarged liver and spleen, tenderness on palpation in the ileocecal region. From the epidemiological history, it was found that the house where the patient lives has rodents.
Q	1	Question: Presumptive diagnosis?
Q	2	Question: Characteristics of the pathogen.
Q	3	Question: Laboratory diagnosis.
Q	4	Question: Treatment.
Q	5	Question: Prevention.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 20 years old, visited the polyclinic on the 4th day of illness with complaints of cramping pain in the lower abdomen, more on the left, chills, weakness, nausea and stool disorder (frequent, liquid, in small portions, with mucus admixture). Clinical examination revealed elevated body temperature up to 38°C, white-coated tongue, spasmodic, tender sigmoid colon.
Q	1	Question: What questions of epidemiological history should be asked?
Q	2	Question: What is your preliminary diagnosis?
Q	3	Question: Tactics of the polyclinic physician?
Q	4	Question: Assign a laboratory examination plan.
Q	5	Question: Treatment.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient S., 63 years old, consulted a physician with complaints of headache, high fever, redness, swelling and tenderness in the area of the right lower leg. She became ill 2 days ago. Objectively: temperature 38°C. In the lower third of the right lower leg, an area of hyperemia and edema with clear, uneven borders, tender and hot to the touch. In the area of the right ankle joint – an infected abrasion.
Q	1	Question: Name the pathogen.
Q	2	Question: What is your diagnosis?

Q	3	Question: Clinical form of the disease.
Q	4	Question: Differential diagnosis.
Q	5	Question: Principles of treatment.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 24 years old, was admitted to the infectious disease ward with complaints of diffuse abdominal pain, nausea, repeated vomiting, frequent, profuse, foul-smelling liquid stool, chills, fever. Objectively: condition of moderate severity, body temperature 38.9°C, pulse 110 bpm, weak filling, BP – 90/60 mm Hg. Tongue coated with white coating, abdomen tender in the periumbilical region, distended, rumbling along the intestines.
Q	1	Question: What is your preliminary diagnosis?
Q	2	Question: What epidemiological data need to be clarified?
Q	3	Question: Laboratory examination plan.
Q	4	Question: Differential diagnosis.
Q	5	Question: Complications of the disease.
Q	6	Question: Treatment.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient T., 30 years old, geologist. Became acutely ill, body temperature rose to 38.4°C, also headache, muscle pain. The temperature dropped to normal after 4 days, however, the patient's condition worsened: pain in the lower back, abdomen appeared, and the volume of urine excreted decreased. On examination: facial hyperemia, scleritis, petechial rash in the axillary areas, positive costovertebral angle tenderness. In urine – erythrocytes, casts. In the blood – increased residual nitrogen, urea, creatinine.
Q	1	Question: What questions of epidemiological history should be asked?
Q	2	Question: What is your preliminary diagnosis?
Q	3	Question: Examination plan.
Q	4	Question: Treatment plan.
Q	5	Question: Differential diagnosis.
Q	6	Question: Possible complications.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Zh., 37 years old, was brought to the infectious disease hospital on the 1st day of illness with complaints of headache, severe weakness, nausea, single vomiting, dry mouth, diplopia, blurred vision; "fog", "mesh" before the eyes, choking. On examination: body temperature 36.9°C, bilateral ptosis, anisocoria, accommodation paralysis, decreased palatal reflex, nasal voice. 9 hours before the illness, he ate canned mushrooms of home preparation.
Q	1	Question: What is your diagnosis?
Q	2	Question: Laboratory examination plan.
Q	3	Question: Differential diagnosis.
Q	4	Question: Therapy of the disease.
Q	5	Question: Complications

I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient Sh., 24 years old, for 11 days noted general malaise, weakness, decreased appetite, pain in all groups of joints, muscles, fever from 37.1°C to 38.0°C. Yesterday, jaundice of the sclera and skin was noticed. During questioning, it was found that 3 months ago, during a complicated operation, a blood transfusion was performed. Clinical examination revealed jaundice of the sclera, mucous membranes, skin, enlargement of the liver and spleen. Consistency of organs is soft.
Q	1	Question: What is your presumptive diagnosis?
Q	2	Question: Differential diagnosis.
Q	3	Question: Laboratory diagnosis, specific diagnosis.
Q	4	Question: Criteria for discharge from hospital.
Q	5	Question: Complications of the disease.
Q	6	Question: Principles of treatment.
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 24 years old, for seven days noted fever up to 37.7°C, general malaise, decreased appetite, nausea, occasionally – vomiting of ingested food, weakness. Yesterday, she noticed dark urine, and today – scleral jaundice. On examination: icterus of the sclera and skin, enlargement of the liver and spleen (consistency of organs soft).
Q	1	Question: What epidemiological data are needed?
Q	2	Question: What is your preliminary diagnosis?
Q	3	Question: Assign a laboratory examination plan.
Q	4	Question: Specific diagnosis.
Q	5	Question: Principles of treatment.

Case Study No.1

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems

C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A blood donor at a transfusion station was found to have elevated transaminase levels upon examination: ALT – 200 U/L, AST – 60 U/L. Cytolysis was first noted over 6 months ago
Q	1	Question: What diagnosis can be suspected?
Q	2	Question: What anamnestic data needs to be collected from the patient?
Q	3	Question: What objective data are necessary to clarify the diagnosis?
Q	4	Question: What specific examination is necessary for the patient to rule out parenteral viral hepatitis B, D, C?
Q	5	Question: What additional examination is necessary to establish the patient's diagnosis?

Case Study No.2

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS An orderly of the therapeutic department complained of dizziness, weakness, nausea, vomiting and repeated liquid watery greenish stool, fever, cramps in the leg muscles. These symptoms appeared several hours after consuming food stored outside the refrigerator. Examination

		revealed: Temperature 38.7°C, BP 90/55 mm Hg, pulse 102 bpm. Tongue dry, coated with white coating. Abdomen soft, tender in the epigastrium and periumbilical area. She had not urinated for several hours. Stool greenish.
Q	1	Question: Indicate what diagnosis can be assumed, name the list of diseases with which differential diagnosis should be performed
Q	2	Question: Name the leading syndromes of the disease
Q	3	Question: What laboratory tests should be performed to establish the diagnosis and prescribe adequate therapy
Q	4	Question: Write a treatment plan
Q	5	Question: Name the indications for hospitalization of patients with a diagnosis of acute intestinal infection

Case Study No.3

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A 32-year-old female patient, a market vendor, became acutely ill with the onset of weakness, malaise, fever up to 39°C. At the same time, cramping pain in the lower abdomen appeared, loose stools up to 5 times, which increased the next day to 15 times with frequent painful urges. She noticed an admixture of mucus and blood in the stool. Temperature in the morning 39.4°C. A polyclinic physician was called to the home. The patient lives in a separate apartment with a family of 3 people. Family members are healthy, no history of gastrointestinal diseases. Objectively: patient is lethargic, body temperature 38.8°C. Skin turgor is not reduced. Pulse 96 bpm. BP 115/70 mm Hg. Tongue somewhat dry, coated with

		brown coating. Abdomen soft, sigmoid colon spasmodic, tender. Stools have the appearance of a small puddle of mucus with blood streaks.
Q	1	Question: Indicate what diagnosis can be assumed, name the list of diseases with which differential diagnosis should be performed.
Q	2	Question: How should the issue of hospitalization be decided.
Q	3	Question: Laboratory examination plan.
Q	4	Question: Write a treatment plan.
Q	5	Question: Possible complications of the disease.

Case Study No.4

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A 30-year-old male patient, a military serviceman. Complaints of fever, chills, sore throat. Hospitalized 10 hours after the onset of illness in the ENT department of the hospital with a diagnosis of "peritonsillar abscess." When attempting to open the abscess, no pus was obtained. 24 hours after the onset of illness, noisy breathing with deep inspiration appeared. Condition assessed as severe. Pale, cyanosis of the lips, body temperature 37.8°C, position in bed forced – sitting with head thrown back. Voice hoarse. No cough. Edema of the subcutaneous tissue of the neck down to the clavicles. Mucous membrane of the anterior part of the oropharynx sharply edematous, brightly hyperemic. Tonsils meet along the anterior line. The entire surface of the tonsils, palatine arches, soft palate and uvula are covered with a continuous shiny dense coating of dirty gray color. RR – 28/min. Pulse 100 bpm, rhythmic. BP 90/60 mm Hg.

Q	1	Question: Indicate what diagnosis can be assumed, name the list of diseases with which differential diagnosis should be performed.
Q	2	Question: Write an examination plan.
Q	3	Question: Name the complications.
Q	4	Question: Write a treatment plan.
Q	5	Question: Prevention of diphtheria.

Case Study No.5

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A 58-year-old woman, 5 days after visiting the forest, developed burning, itching and redness on the right thigh up to 30 cm in diameter. In the center of the erythema, the skin is pale, there is a small black crust, the edges are intensely red, raised. Body temperature – 37.3°C. No pathology of internal organs was found
Q	1	Question: Indicate what diagnosis can be assumed. Name the list of diseases with which differential diagnosis should be performed
Q	2	Question: List the syndromes of damage to the nervous system, heart, joints, skin in this disease
Q	3	Question: How to confirm the diagnosis
Q	4	Question: Write a treatment plan
Q	5	Question: Criteria for establishing the chronic form of this disease

Case Study No.6

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 28 years old, complains of headache, pain in the eyeballs, "aches" in the body, muscle and joint pain, fever up to 39°C, dry cough, nasal congestion. He became acutely ill the previous evening after returning from China, where he visited a bird market and had contact with a large number of local residents. On examination, condition of moderate severity, T – 38.5°C. Face hyperemic. Sclera injected. No rash. Peripheral lymph nodes are not enlarged. Tonsils, uvula, arches are swollen, hyperemic with a slight cyanotic tinge. In the lungs – vesicular breathing. Heart sounds clear. Pulse 100 bpm. Rhythmic. BP 100/60 mm Hg. Consciousness clear. No meningeal symptoms
Q	1	Question: Indicate what diagnosis can be assumed. Name the list of diseases with which differential diagnosis should be performed
Q	2	Question: How to confirm the presumptive diagnosis
Q	3	Question: What complications are possible
Q	4	Question: Write a treatment plan
Q	5	Question: List the existing methods of prevention

Case Study No.7

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity

C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient K., 40 years old, at about 8:00 PM developed severe headache, weakness, vomiting without preceding nausea, fever up to 39.5°C. He slept poorly at night due to headaches and high fever. In the morning, he sought medical help. The EMS physician established that the preceding two days the patient had been bothered by a runny nose, sore throat, and subfebrile temperature. Condition severe. Conscious, answers questions adequately. In a position on the right side with head thrown back and legs drawn up to the abdomen with eyes closed. Neck stiffness by a full palm. Kernig's sign 130° on both sides. On the skin of the trunk and extremities, abundant exanthema consisting of roseolas, small spots, petechiae, ecchymoses. Hemorrhagic elements predominate. Pronounced marbling of the skin of the legs, acrocyanosis. Pulse 120 bpm, rhythmic, weak filling and tension. BP 80/50 mm Hg. Heart sounds muffled. Over the lungs – weakened vesicular breathing, respiratory rate 26/min. Abdomen soft on palpation. Moderate painful reaction to deep palpation is noted. No peritoneal irritation symptoms. The EMS physician delivered the patient to the hospital. Along the way, infusions of medications were given. The patient was placed in an intensive care unit.
Q	1	Question: Indicate what diagnosis can be assumed.
Q	2	Question: What measures did the EMS physician take during transportation
Q	3	Question: How to confirm the diagnosis.
Q	4	Question: Write a treatment plan.
Q	5	Question: List the existing methods of prevention.

Case Study No.8

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)

C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS An 18-year-old patient noted the appearance of general weakness, rapid fatigue, fever up to 37.6°C. Over the next 2 days, the condition continued to deteriorate. The patient lost his appetite, vomited after eating, began to feel nausea, heaviness in the upper abdomen. Body temperature remained up to 38.0°C. He called a doctor to the home. Objectively: Temperature 36.7°C. Bright yellowness of the skin, sclera, dark urine color. The liver protruded from under the costal margin by 2-3 cm, sensitive to palpation. The pole of the spleen was also palpable. Pulse 52 bpm, BP 100/60 mm Hg.
Q	1	Question: Indicate what diagnosis can be assumed. Name the list of diseases with which differential diagnosis should be performed.
Q	2	Question: What information is needed to establish and clarify the diagnosis.
Q	3	Question: What laboratory tests should be performed to establish the diagnosis.
Q	4	Question: Draw up a treatment plan.
Q	5	Question: List the existing methods of prevention.

Case Study No.9

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety

C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A man with fever syndrome (more than 5 days) returned from a tourist trip to India
Q	1	Question: What history data are needed to clarify the diagnosis
Q	2	Question: What objective data are needed to clarify the diagnosis
Q	3	Question: What diseases can be suspected in the patient
Q	4	Question: Tactics regarding the patient
Q	5	Question: What examination is needed to establish the diagnosis for the patient

Case Study No.10

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
C	PC-4	Ability and readiness to identify main pathological conditions, syndromes, symptoms of diseases, specific diseases of a patient in accordance with International Statistical Classification of Diseases and Related Health Problems
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
F	A/01.7	Providing emergency or urgent medical care to the patient

F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient T., 41 years old, called a doctor to the home. From the history, it became known that he had been ill for 3 days. It began with fever up to 39°C, chills, headache, pain in the lumbar region and abdomen, blurred vision, lack of appetite. He took paracetamol independently without effect. Today he noticed a decrease in the volume of urine excreted. He called EMS to the home twice. Epidemiological history: over the past month, he was at a dacha, building a house, storing bales of tow in a shed. On examination, it was noted: Temperature 36.9°C, hyperemia of the face and shoulder girdle, on the lateral surfaces of the chest, on the back – scanty, linear petechial rash. In the injection sites on the buttocks, there were extensive bruises, hemorrhages in the conjunctiva of both eyes. In the lungs – vesicular breathing. Pulse – 88 bpm, rhythmic. BP – 140/90 mm Hg. Heart sounds muffled. Abdomen soft, tender in the epigastrium and right half of the abdomen. Tapping in the lumbar region is sharply painful on both sides. No meningeal symptoms.
Q	1	Question: Indicate what diagnosis can be assumed. Name the list of diseases with which differential diagnosis should be performed
Q	2	Question: What studies should be performed to establish the correct diagnosis
Q	3	Question: What periods of the disease are distinguished in this disease
Q	4	Question: List the complications
Q	5	Question: Treatment

4. Assessment criteria for learning outcomes

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.

Practical Skills Assessment Checklist

Practical Skill Name "Estimating liver span"

C	GPC-5	Able to assess morphofunctional status, physiological states, and pathological processes in the human body when working to achieve objectives of professional activity	
C	PC-2	Ability and readiness to recognize urgent and life-threatening conditions in acute surgical pathology, traumatic conditions, diseases of the female genital organs and pregnancy requiring urgent and emergency medical care	
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease	
F	A/02.7	Examination of the patient in order to make a diagnosis	
	Action	Performed	Not Performed
1.	Ask patient to expose chest/abdomen, and lie down on their back	1 point	-1 point
2.	Detect upper liver border by percussion along right midclavicular line	3 points	-3 points
3.	Detect lower liver border by percussion along right midclavicular line	3 points	-3 points
4.	State the result: normal liver span is 9–11 cm	1 point	-1 point
5.	Provide explanation: liver span = vertical size of right liver lobe. List causes of hepatomegaly (hepatitis, cirrhosis, neoplasm).	2 points	-2 points
	Total	10 points	

Final grade: "Pass" / "Fail"

Assessment criteria:

"Pass" - at least 75% of required actions performed

"Fail" - 74% of required actions or less performed