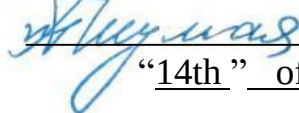


Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Стегний Кирилл Владимирович
Должность: И.о. ректора
Дата подписания: 21.10.2026 17:24:02
Уникальный программный ключ:
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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Director of the Institute of Pediatrics

 Shumatova T.A./
“14th ” of April 2026

COLLECTION OF ASSESSMENT TOOLS

B1.C.28 Pediatrics 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)
Institute	of Pediatrics

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

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

1. Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
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-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
F	A/02.7	Examination of the patient in order to make a diagnosis
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. A key principle of organizing pediatric care in the Russian Federation is: a) Focus on inpatient treatment +b) Preventive focus and dispensary observation c) Decentralization of specialized services d) All of the above

2. The main document for recording a child's development in a Russian outpatient clinic is:

- a) Medical record of an inpatient (Form 003/y)
- +b) History of the child's development (Form 112/y)
- c) Statistical card for registering final diagnoses (Form 066/y)
- d) Vaccination certificate (Form 063/y)

3. What is the optimal age to start introducing complementary foods for a healthy breastfed infant?

- a) 4 months
- b) 5 months
- +c) 6 months
- d) 7 months

4. Which formula is classified as an "adapted" milk substitute?

- +a) It has a composition close to mature breast milk
- b) It is based on cow's milk protein
- c) It is intended for children over 6 months
- d) All of the above

5. The main cause of iron deficiency anemia in young children is:

- a) Vitamin B12 malabsorption
- +b) Nutritional iron deficiency
- c) Congenital hemolytic disease
- d) Chronic blood loss

6. A characteristic symptom of the peak period of rickets is:

- a) Physiological tremor
- +b) Craniotabes and "rachitic rosary"
- c) Physiological weight loss
- d) Physiological jaundice

7. The Apgar scale assesses a newborn's condition based on:

- a) Birth weight and gestational age
- +b) Heart rate, respiratory effort, muscle tone, reflex irritability, and skin color
- c) Neurological reflexes and head circumference
- d) Results of biochemical blood tests

8. The "cold chain" in vaccination refers to:

- a) Vaccinating only in the cold season
- b) Using only inactivated (killed) vaccines
- +c) A system for storing and transporting vaccines at the recommended temperature
- d) A protocol for managing post-vaccination hypothermia

9. What is the drug of first choice for the relief of an acute anaphylactic reaction?

- a) Diphenhydramine (Dimedrol)
- +b) Epinephrine (Adrenaline)
- c) Prednisolone
- d) Salbutamol

	10. A key anatomical and physiological feature of the respiratory tract in infants that predisposes to obstruction is: a) Well-developed cartilaginous rings of the bronchi +b) Narrow lumen of the airways and loose submucosa c) Predominance of alveolar tissue d) Strong cough reflex 11. The leading etiological factor of community-acquired pneumonia in a 2-year-old child is: a) <i>Mycoplasma pneumoniae</i> +b) <i>Streptococcus pneumoniae</i> c) <i>Chlamydia pneumoniae</i> d) <i>Haemophilus influenzae</i> type b 12. The main diagnostic criterion for bronchial asthma in children is: +a) Presence of reversible bronchial obstruction confirmed by spirometry b) Persistent dry cough for more than 8 weeks c) Presence of eosinophils in the complete blood count d) History of atopic dermatitis 13. The most common type of congenital heart defect is: a) Tetralogy of Fallot +b) Ventricular septal defect (VSD) c) Transposition of the great arteries d) Coarctation of the aorta 14. A major criterion for the diagnosis of Acute Rheumatic Fever (Jones criteria) is: a) Fever +b) Carditis c) Leukocytosis d) Elevated ESR 15. The leading clinical syndrome in acute pyelonephritis in an infant is: a) Pain in the lumbar region b) Dysuric disorders (painful urination) +c) Intoxication syndrome with high fever, often without local symptoms d) Macroscopic hematuria 16. What is the main pathogenetic mechanism of lactase deficiency in infants? +a) Deficiency of the lactase enzyme in the brush border of the small intestine b) Allergy to cow's milk protein c) Bacterial overgrowth in the colon d) Impaired bile secretion 17. What is a physiological feature of the urinary system in a healthy newborn? a) Ability to concentrate urine like an adult +b) Low glomerular filtration rate and physiological oliguria in the first days c) Full control over the act of urination
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		d) Sterile urine 18. Which hereditary disease is characterized by meconium ileus, salty sweat, and chronic pulmonary infections? a) Celiac disease b) Phenylketonuria +c) Cystic fibrosis d) Down syndrome 19. A distinctive feature of a "greenstick" fracture in a child is: +a) Incomplete fracture due to bone elasticity b) Fracture with massive soft tissue damage c) Fracture with bone fragment displacement into the joint d) Pathological fracture due to osteomalacia 20. The primary method for diagnosing protein-energy malnutrition (hypotrophy) in a child is: a) Biochemical blood analysis +b) Assessment of anthropometric data (weight, height, weight-for-height) and their dynamics c) Ultrasound of the abdominal organs d) Coprological examination
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. Which of the following principles are fundamental to the organization of dispensary observation for a healthy infant in the first year of life? +a) Active identification of risk factors. b) Treatment of acute illnesses only. +c) Regularity and scheduled examinations. d) Observation by a pediatrician only, without involving specialists. +e) Comprehensive health assessment (physical, neuropsychic development). 2. To objectively assess the effectiveness of breastfeeding, it is necessary to consider: a) The mother's subjective feelings of insufficient milk. +b) The dynamics of the child's weight gain. +c) The number of urinations per day. +d) The appearance and consistency of stool. e) Mandatory test weighing before and after each feeding. 3. Which types are classified as specialized therapeutic formulas for infants? a) Standard adapted formulas. +b) Lactose-free formulas. +c) Anti-reflux (thickened) formulas. d) Partially adapted ("casein") formulas. +e) Formulas based on protein hydrolysate (hypoallergenic). 4. Which clinical symptoms are characteristic of hyperthermic syndrome in a child? +a) "Pale" ("white") fever with chills, marbled skin. +b) Seizure readiness or convulsions. +c) Tachycardia, tachypnea.

- d) Warm, pink skin ("red" fever).
- e) Body temperature below normal.

5. Which of the following are transient (physiological) conditions of the newborn?

- +a) Physiological weight loss.
- +b) Physiological jaundice.
- c) Congenital pneumonia.
- +d) Toxic erythema.
- e) Hemolytic disease of the newborn.

6. Which laboratory findings are characteristic of iron deficiency anemia in a child?

- +a) Hypochromia, microcytosis of erythrocytes.
- +b) Decreased serum ferritin level.
- c) Reticulocytosis.
- d) Decreased vitamin B12 level.
- +e) Increased total iron-binding capacity (TIBC).

7. The main clinical manifestations of acute obstructive bronchitis in young children include:

- +a) Broncho-obstructive syndrome (expiratory dyspnea, dry wheezing).
- b) Paroxysmal whooping-like cough.
- +c) Various moist rales.
- d) Physical signs of lung consolidation (dullness, bronchial breathing).
- +e) Frequent association with a preceding ARVI.

8. Which are "major" diagnostic criteria for Acute Rheumatic Fever (Jones criteria)?

- +a) Carditis.
- b) Fever.
- +c) Polyarthritis.
- d) Elevated ESR.
- +e) Sydenham's chorea.

9. Which of the following clinical and laboratory syndromes are characteristic of acute glomerulonephritis in children?

- a) Nephrotic syndrome (massive proteinuria, hypoalbuminemia, edema).
- +b) Urinary syndrome (hematuria, proteinuria).
- +c) Edematous syndrome.
- +d) Hypertensive syndrome.
- e) Intoxication syndrome with high fever.

10. Which examination methods are mandatory for confirming a diagnosis of community-acquired pneumonia in a child? (

- +a) Complete blood count with leukocyte formula.
- +b) Chest X-ray.
- c) Spirometry.
- d) Sputum culture.
- e) C-reactive protein (CRP) level.

11. Signs that may suggest a "cyanotic" type of congenital heart disease in a newborn include:

- +a) Central cyanosis, worsening with crying.

- b) A harsh systolic murmur over the entire precordial area.
- +c) Severe dyspnea without physical changes in the lungs.
- +d) Hypoxemic ("blue") spells.
- e) Absence of heart murmurs on auscultation.

12. Which of the following statements are included in modern principles for introducing complementary foods?

- a) Start with fruit juices and purees.
- +b) Introduce new foods in the first half of the day.
- +c) Start with single-ingredient foods.
- d) Add salt and sugar to improve taste.
- +e) Start with small volumes (1/2 - 1 teaspoon).

13. What refers to the clinical manifestations of malabsorption syndrome in a child?

- +a) Chronic diarrhea, polyfecal matter.
- b) Stool with bright red blood.
- +c) Failure to thrive, underweight.
- +d) Symptoms of polyhypovitaminosis.
- e) Abdominal pain of the "acute abdomen" type.

14. Which measures are part of emergency care for acute stenosing laryngotracheitis (croup) at the pre-hospital stage?

- +a) Inhalation of cool mist (in the bathroom).
- +b) Nebulized inhalation with epinephrine (adrenaline) solution.
- +c) Oral or inhaled glucocorticosteroids.
- d) Prescription of centrally-acting antitussives.
- e) Prescription of mucolytics to thin sputum.

15. Contraindications to routine vaccination include:

- +a) Acute infectious disease with fever.
- b) Allergy to chicken egg protein (for vaccines cultured in chicken embryos).
- c) Convalescence period after ARVI with residual rhinitis.
- +d) Severe reaction (anaphylaxis) to a previous dose of the same vaccine.
- e) Stable course of a chronic disease (outside exacerbation).

16. Anatomical and physiological features of the respiratory system in young children that predispose to obstruction include:

- +a) Narrow airway lumen.
- +b) Rich vascularization and looseness of the submucosal layer.
- c) Well-developed bronchial muscle framework.
- +d) Horizontal rib position, diaphragmatic breathing type.
- e) Predominance of alveolar tissue over interstitial tissue.

17. Which of the following diseases are considered hereditary with systemic manifestations, discussed in the pediatrics course?

- +a) Cystic fibrosis
- b) Acute pyelonephritis.
- +c) Celiac disease.
- d) Atopic dermatitis.
- +e) Phenylketonuria.

18. During examination of the cardiovascular system in a healthy young

	child, the following may be detected: +a) Accentuation of the second sound over the pulmonary artery. +b) Functional (innocent) systolic murmur. +c) Relative tachycardia compared to adults. d) Arterial hypertension. e) Increased apical impulse. 19. The main pathogenetic links in the development of rickets include: +a) Deficiency of vitamin D and/or disruption of its metabolism. +b) Disorder of calcium-phosphate metabolism. +c) Increased secretion of parathyroid hormone (PTH). d) Excessive deposition of calcium in bone tissue. +e) Impaired mineralization of growing bone (osteoid hyperplasia). 20. Which methods are used to assess the neuropsychic development (NPD) of an infant in the first year of life? +a) Assessment along the main developmental lines (visual/auditory orienting responses, emotions, movements, speech, etc.). +b) Conducting the Denver II screening test. c) Electroencephalography (EEG). d) IQ level determination. +e) Observation of the child, analysis of history from parents										
	ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)										
	1. Match the syndrome with its characteristic clinical manifestations. <table><tr><th>Syndrome</th><th>Characteristic Clinical Manifestations</th></tr><tr><td>1. Broncho-obstructive syndrome.</td><td>A. Expiratory dyspnea, prolonged exhalation, dry wheezing.</td></tr><tr><td>2. Nephrotic syndrome.</td><td>B. Massive, painless peripheral edema, massive proteinuria, hypoalbuminemia.</td></tr><tr><td>3. Hemorrhagic syndrome (petechial-purpuric type).</td><td>C. Petechial and pinpoint rash on the skin and mucous membranes, positive endothelial tests.</td></tr><tr><td>4. Intoxication syndrome.</td><td>D. Fever, weakness, lethargy, decreased appetite, tachycardia.</td></tr></table> Correct answer: 1-A, 2-B, 3-C, 4-D 2. Match the age period/condition with the key criterion for introducing complementary feeding.	Syndrome	Characteristic Clinical Manifestations	1. Broncho-obstructive syndrome.	A. Expiratory dyspnea, prolonged exhalation, dry wheezing.	2. Nephrotic syndrome.	B. Massive, painless peripheral edema, massive proteinuria, hypoalbuminemia.	3. Hemorrhagic syndrome (petechial-purpuric type).	C. Petechial and pinpoint rash on the skin and mucous membranes, positive endothelial tests.	4. Intoxication syndrome.	D. Fever, weakness, lethargy, decreased appetite, tachycardia.
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Age Period / Condition	Key Criterion for Readiness for Complementary Feeding
1. ~6 months (healthy breastfed infant).	A. Appearance of food interest, fading of the "tongue-thrust" reflex, ability to sit with support.
2. Child with iron deficiency anemia.	B. May be a reason to introduce complementary foods (meat puree) 2-4 weeks earlier.
3. Preterm infant.	C. Complementary feeding is calculated not from chronological, but from corrected age.
4. Acute illness.	D. Contraindication for introducing a new complementary food product.

Correct answer: 1-A, 2-B, 3-C, 4-D

3. Match the type of feeding / problem with the recommended type of infant formula.

Type of Feeding / Problem	Recommended Type of Infant Formula
1. Healthy full-term infant on formula feeding.	A. Standard adapted infant formula.
2. Child with frequent regurgitation.	B. Anti-reflux (thickened) formula.
3. Child with confirmed cow's milk protein allergy.	C. Therapeutic formula based on extensively hydrolyzed protein or amino acids.
4. Child with lactase deficiency.	D. Lactose-free formula.

Correct answer: 1-A, 2-B, 3-C, 4-D

4. Match the disease with its leading pathogenetic mechanism.

Disease	Leading Pathogenetic Mechanism
1. Iron deficiency anemia in an infant.	A. Absolute or relative deficiency of iron in the body.

			2. Rickets.	B. Impaired bone mineralization due to vitamin D and its metabolite deficiency.	
			3. Celiac disease.	C. Autoimmune damage to the small intestinal mucosa by gliadin (gluten protein).	
			4. Acute obstructive bronchitis.	D. Inflammation, edema of the bronchial mucosa, and hypersecretion of viscous mucus.	
		Correct answer: 1-A, 2-B, 3-C, 4-D			

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	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
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-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
F	A/02.7	Examination of the patient in order to make a diagnosis
I		ANSWER THE QUESTIONS - Describe the pathway of a child with symptoms of acute pneumonia from calling a district pediatrician at home to discharge from the hospital. Which departments of a children's hospital will they go through and what are their functions? - A healthy 1-month-old infant is brought to your appointment. What is the plan for their medical observation during the first year of life? Which specialists need to be involved and when? How will you explain this to the parents? - Demonstrate the algorithm for a comprehensive health assessment of a 2-year-old child. How will you assess their physical and neuropsychic development, to which health group can they be assigned and why? - Describe the features of taking medical history from the mother of a 3-year-old child who complains of frequent ARVIs. What key questions in the genealogical, biological, and social history will you pay special attention to?

	5. The mother of a 2-month-old baby complains of "insufficient milk," the baby is restless. Describe your actions: how will you assess the effectiveness of breastfeeding and what non-pharmacological methods of lactation support will you recommend? 6. A child is 4 months old, weighs 6500 g, and is formula-fed. Calculate their daily and single feeding volume. What formula would you recommend and why? 7. The parents of a healthy breastfed baby want to start complementary feeding at 4.5 months. What are your actions? Justify modern recommendations regarding timing, rules, and sequence of introducing foods. 8. A 1-year-old child has a 15% weight deficit. Describe your diagnostic approach to differentiate alimentary hypotrophy from malabsorption syndrome (e.g., celiac disease). What key history questions and examinations will be decisive? 9. Parents of a 2-year-old child call you. The child has a temperature of 39.5°C that is not reduced by paracetamol. The child is lethargic, skin is pale, marbled/mottled, hands and feet are cold. What are your recommendations for emergency care at the pre-hospital stage? What syndrome do you suspect? 10. An 8-month-old child shows signs of rickets in the peak period. Describe your tactics: 1) What additional examinations will you prescribe? 2) How will you calculate the therapeutic dose of vitamin D? 3) What non-pharmacological methods of treatment and prevention will you prescribe? 11. Describe how auscultation findings in the lungs will differ in a child with: a) acute simple bronchitis, b) obstructive bronchitis, c) focal pneumonia. 12. A 3-year-old child is admitted with stridor, barking cough, and hoarseness. List the main diseases for the differential diagnosis of acute stenosing laryngotracheitis. What signs will allow you to rule out epiglottitis or a foreign body in the larynx? 13. Based on what clinical and laboratory criteria will you determine that a child with pneumonia requires hospitalization? What empiric first-choice antibacterial drug will you prescribe to a 4-year-old child without a complicated history and why? 14. What key questions will you ask on the medical history an adolescent suspected of having bronchial asthma? How will you explain to them and their parents the essence of peak flowmetry and why a "self-control diary" is needed? 15. What will you pay attention to during the examination of a newborn in the delivery room and during a home visit to suspect a "cyanotic" type of congenital heart defect? What "alarming" symptoms will indicate the need for urgent referral to a cardiologist? 16. Describe the clinical picture corresponding to the Jones criteria for diagnosing "Acute Rheumatic Fever" in a 10-year-old child. What examination is necessary for confirmation? 17. A complete blood count of a 1.5-year-old child reveals anemia (Hb 95 g/L). Describe how, based on red blood cell indices (MCV, MCH, MCHC) and the clinical picture, you will differentiate iron deficiency anemia from B12 deficiency anemia. 18. A 3-month-old child has a fever of 38.5°C without catarrhal symptoms, lethargy. Suspecting a UTI, what minimum examination will you prescribe to confirm the diagnosis? How will your tactics change if
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	the urinalysis shows not only leukocytes but also pronounced bacteriuria? 19. Describe the classic triad of syndromes in acute post-streptococcal glomerulonephritis in a child. What complications of this condition are most dangerous and require monitoring in the first days? 20. A 7-year-old child is diagnosed with celiac disease. What main principles of diet therapy will you explain to the parents? What, besides the diet, needs attention in the long-term follow-up of such a child (risk of deficiencies, associated conditions)? 21. A teenager complains of pain in the right hypochondrium after eating, a bitter taste in the mouth. Ultrasound shows signs of biliary dyskinesia of the hypokinetic type. What non-pharmacological recommendations (diet, regimen) and medications will you prescribe? What is the difference in the approach to treating hypo- and hyperkinetic types? 22. During the examination of a child, you note multiple stigmata of dysembryogenesis (e.g., epicanthus, low-set ears, single palmar crease) and delayed psychomotor development. What will be your algorithm of actions? To which specialist and for what purpose will you refer the child first? 23. Parents refuse all vaccinations, citing information from the internet. How will you structure the conversation? What arguments about the benefits of vaccination (individual and herd immunity) and the risks of diseases will you present? 24. A mixed-fed infant from 3 months of age has persistent rash-like atopic dermatitis. Describe your step-by-step tactics: 1) Diagnostic approach. 2) Correction of the mother's diet (if breastfeeding). 3) Choice of therapeutic formula. 25. What are the features of medical observation for a preterm infant born at 32 weeks? What will be the focus of enhanced monitoring (which systems and specialists)? 26. You are consulted about short stature in a 6-year-old child. Describe the examination plan to rule out growth hormone deficiency. What parameters need to be assessed dynamically? 27. A 10-month-old child with acute gastroenteritis and diarrhea developed dry mucous membranes, decreased skin turgor, and became lethargic. Assess the degree of dehydration. Describe the principles of oral rehydration: how to calculate the required volume, what solution to use, what are the rules for oral rehydration? 28. A 15-year-old adolescent was found to have persistently high blood pressure during a preventive examination. List possible causes of secondary arterial hypertension at this age. What minimum examination will you prescribe? 29. Describe the main clinical manifestations of cystic fibrosis that may debut in childhood. What is the role of the pediatrician in coordinating care for such a patient with the involvement of a pulmonologist, gastroenterologist, and dietitian? 30. A 5-year-old child is admitted with fever, pallor, joint pain, and a hemorrhagic rash on the legs. Your assumptions? Create a brief diagnostic plan (1-2 priority actions and key tests) for the two most likely, in your opinion, diseases from different sections of pediatrics (e.g., acute rheumatic fever and Henoch-Schönlein purpura).
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Assessment criteria

"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.

Standardized case studies and checklists for the **B1.C.28 Pediatrics** course

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	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
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-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
F	A/02.7	Examination of the patient in order to make a diagnosis
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A 4-year-old boy is brought to a district pediatrician's appointment. Complaints according to the mother: high fever up to 39.5°C for 3 days, which is poorly reduced by antipyretics, dry cough turning into a wet one, lethargy, refusal to eat. This morning, the mother noticed the child was "breathing heavily." Life History: The child is from the 2nd pregnancy, which was complicated by anemia. On-term delivery. Breastfed until 1 year old. Preventive vaccinations made according to the schedule, including pneumococcal conjugate vaccine. No history of allergies. Frequency of ARVI — 3-4 times a year. History of Present Illness: Acute onset 3 days ago with a runny nose and sore throat. Treated at home with paracetamol, throat spray, plenty of fluids. On day 2, a cough developed, and the fever increased. Today the condition worsened. Physical Examination: General Condition: Moderately severe. The child is lethargic and irritable.

		• Body Temperature: 38.8°C. • Skin: Clear, moderate pallor, perioral cyanosis. • Respiratory System: RR — 40 per minute (normal for the child's age is up to 30). Dyspnea of mixed type. Percussion over the lower lobe of the right lung reveals dullness. Auscultation in the same area reveals weakened breath sounds and localized fine bubbling inspiratory crackles. Vesicular breath sounds are heard over the rest of the lungs. • Cardiovascular System: HR — 130 bpm. Heart sounds are rhythmic and clear.
Q	1	Question: Formulate the preliminary clinical diagnosis. Provide at least three key signs from the examination that are decisive for its establishment.
Q	2	Question: Name two mandatory instrumental or laboratory tests to confirm the diagnosis and justify their necessity.
Q	3	Question: Which most likely etiological agent should be suspected in this patient, considering his age and vaccination history? Which alternative pathogen is characteristic for children of this age?
Q	4	Question: Which first-line antibacterial agent would you prescribe to this patient for empirical therapy? Specify the group, medication, route of administration, and justify your choice.
Q	5	Question: Which two non-antibacterial components of treatment (symptomatic, pathogenetic therapy) are mandatory in the first 24 hours and why?

Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	UC-1	Able to carry out critical analysis of professional workplace challenge applying systematic approach and develop an action strategy
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
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F	A/02.7	Examination of the patient in order to make a diagnosis
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS A 4-year-old boy is brought to a district pediatrician's appointment. Complaints according to the mother: high fever up to 39.5°C for 3 days, which is poorly reduced by

		antipyretics, dry cough turning into a wet one, lethargy, refusal to eat. This morning, the mother noticed the child was "breathing heavily." Life History: The child is from the 2nd pregnancy, which was complicated by anemia. On-term delivery. Breastfed until 1 year old. Preventive vaccinations made according to the schedule, including pneumococcal conjugate vaccine. No history of allergies. Frequency of ARVI — 3-4 times a year. History of Present Illness: Acute onset 3 days ago with a runny nose and sore throat. Treated at home with paracetamol, throat spray, plenty of fluids. On day 2, a cough developed, and the fever increased. Today the condition worsened. Physical Examination: • General Condition: Moderately severe. The child is lethargic and irritable. • Body Temperature: 38.8°C. • Skin: Clear, moderate pallor, perioral cyanosis. • Respiratory System: RR — 40 per minute (normal for the child's age is up to 30). Dyspnea of mixed type. Percussion over the lower lobe of the right lung reveals dullness. Auscultation in the same area reveals weakened breath sounds and localized fine bubbling inspiratory crackles. Vesicular breath sounds are heard over the rest of the lungs. • Cardiovascular System: HR — 130 bpm. Heart sounds are rhythmic and clear.
Q	1	Question: Formulate the preliminary clinical diagnosis. Provide at least three key signs from the examination that are decisive for its establishment.
A		Correct answer: The combination of dullness on percussion and localized fine bubbling crackles over a specific area of the lung (right lower lobe) indicates consolidation, which is a pathognomonic sign of pneumonia, distinguishing it from widespread bronchitis.
Q	2	Question: Name two mandatory instrumental or laboratory tests to confirm the diagnosis and justify their necessity.
A		Correct answer: Chest X-ray (Posteroanterior and lateral views). Justification: This is the gold standard for confirming the diagnosis of pneumonia. It allows visualization of the infiltrate (focal shadow in the right lower lobe), assessment of its size and character, and exclusion of complications (pleural effusion). Complete Blood Count (CBC) with Leukocyte Formula. Justification: To assess the inflammatory response. Expected findings: leukocytosis with neutrophilia and elevated ESR/CRP, which supports the bacterial etiology and severity of inflammation.
Q	3	Question: Which most likely etiological agent should be suspected in this patient, considering his age and vaccination history? Which alternative pathogen is characteristic for children of this age?
A		Correct answer:

		Streptococcus pneumoniae (Pneumococcus). Despite vaccination with the conjugate vaccine (PCV13), it remains the most common bacterial pathogen in this age group. The vaccine protects against the most aggressive serotypes, but infection with non-vaccine serotypes is possible.
Q	4	Question: Which first-line antibacterial agent would you prescribe to this patient for empirical therapy? Specify the group, medication, route of administration, and justify your choice.
A		Correct answer: Group: Protected aminopenicillins (Amoxicillin/Clavulanic Acid). Drug and Route: Amoxicillin/Clavulanate at a dose of 80-100 mg/kg/day (by amoxicillin component) in 2-3 divided doses. Route: Intravenous or intramuscular in a hospital setting, due to moderate severity and risk of impaired absorption. Justification: This is the empiric first-line therapy for uncomplicated community-acquired pneumonia in children. It is active against S. pneumoniae (including strains with reduced penicillin sensitivity) and other common pathogens (H. influenzae).
Q	5	Question: Which two non-antibacterial components of treatment (symptomatic, pathogenetic therapy) are mandatory in the first 24 hours and why?
A		Correct answer: Adequate Hydration/Oral Rehydration Therapy (ORT). Why: Fever and tachypnea lead to significant fluid loss. Dehydration worsens the course, thickens secretions, and impairs microcirculation. Antipyretic Therapy (Ibuprofen or Paracetamol). Why: To reduce fever, alleviate discomfort, and lower metabolic demand and oxygen consumption, which is especially important in conditions of respiratory distress.
R2	Very good	Comprehensive, accurate, and insightful answer is given. The student demonstrates excellent clinical judgment, deep understanding of protocols, and the ability to apply knowledge to a specific case.
R1	Good/Satisfactory	Solid answer covering the main aspects is given; it contains minor errors, omissions, or lacks some depth in justification. Clinical reasoning is sound but not brilliant The answer addresses the problem at a basic level, contains noticeable factual errors, significant omissions (e.g., missing severity assessment), or superficial reasoning. The general direction is correct, but knowledge is fragmentary.
R0	Fail	The answer is incorrect, incomplete, or demonstrates a lack of fundamental knowledge. Contains dangerous misconceptions in diagnosis or treatment. Fails to meet the minimum requirements for a passing grade

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.