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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 Therapy (Internal Medicine) and Instrumental Diagnostics
_____ / Nevzorova V.A./
"2nd" of April 2026

COLLECTION OF ASSESSMENT TOOLS
B1.C.34 Outpatient therapy
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 Therapy (Internal Medicine) and Instrumental Diagnostics

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

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-4	Able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	GPC-8	Able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
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-5	Ability and readiness to select patient management tactic with decision on risk factors correction program, plan of pharmacological and non-pharmacological treatment and assessment of their efficiency and safety in patients with

		diseases of internal organs, taking into account the diagnosis, age of the patient, and clinical picture of the disease in settings including day hospital
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam
C	PC-8	Ability and readiness to perform preventive medical examinations, periodic health examination and follow-up care
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
F	A/04.7	Implementation and monitoring of the effectiveness of medical rehabilitation of patients, including implementation of individual rehabilitation or habilitation programs for people with disabilities; assessment of the patient's ability to work
F	A/05.7	Implementation of disease prevention measures for the adult population groups based on age and health status, as well as health and hygiene education of the population and monitoring their effectiveness
I		**ANSWER THE QUESTIONS**
		1 Organization of primary health care in the Russian Federation. 2 The current program of state guarantees for the free provision of medical care to citizens. 3 Organization and activities of the therapeutic section of the clinic. 4 Professional responsibilities of a district general practitioner. 5 Medical documentation in the professional activities of a district general practitioner: procedure for completion, storage and reporting. 6 The procedure for organizing medical examinations and preventive medical examinations in the practice of a district general practitioner. 7 Features of organizing the first stage of medical examination of the adult population. 8 Features of organizing the second stage of medical examination of the adult population. 9 Features of the organization of in-depth medical examination of the adult population. 10 The procedure for the establishment and operation of a medical commission of a medical organization. Functions of the medical commission. 11 The procedure for carrying out an examination of temporary disability in the practice of a district general practitioner. 12 The procedure for issuing a document certifying temporary disability. 13 Classifications and criteria used in the implementation of medical and social examination of citizens by federal institutions of medical and social examination 14 Stages of preparation and execution of medical documentation for the implementation of medical and social examination in the practice of a district general practitioner. 15 Brief preventive counseling for a patient with arterial hypertension. 16 Brief preventive counseling for patients with diagnosed coronary heart disease, cerebrovascular diseases, and chronic lower extremity ischemia of atherosclerotic origin 17 Brief preventive counseling of a patient with a risk of harmful alcohol consumption and/or consumption of narcotic drugs and psychotropic substances identified based on the results of a questionnaire without a doctor's prescription.

		18 Brief preventive counseling for all citizens aged 65 years and older in order to correct identified risk factors and/or prevent frailty 19 Brief preventive counseling when high relative, high and very high absolute cardiovascular risk and/or hypercholesterolemia are identified 20 Brief preventive counseling for overweight and obesity. 21 Brief preventive counseling for tobacco smoking. 22 Brief preventive counseling for prediabetes. 23 Participation of the district general practitioner in the formation of a healthy lifestyle among the assigned population of the therapeutic area. 24 Palliative medicine in outpatient practice. The role of the local general practitioner in organizing a long-term care system care. 25 Approaches to ensuring the safety of pharmacotherapy during pregnancy in the practice of a local general practitioner. 26 Early diagnosis of oncological diseases in the practice of a district general practitioner 27 Cancer screening in outpatient practice. Screening technologies. 28 Hospital-replacing technologies in outpatient practice: organization of day hospital and home hospital activities. 29 The procedure for organizing and implementing dispensary observation in the practice of a district general practitioner. 30 The procedure for organizing and conducting preventive vaccinations, according to the national calendar and the calendar for epidemiological indications. 31 On the procedure for medical selection and referral of patients for spa treatment of adults. 32 The procedure for organizing medical rehabilitation for adults 33 The procedure for organizing and providing medical care using telemedicine technologies. 34 The procedure for prescribing medications, prescription forms, their design, recording, and storage. Rules for the preparation of prescription forms, including electronic ones. 35 Internal quality control and safety of medical activities. Organization and implementation of internal quality control. 36 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for hypertension: diagnosis, complications of the disease; examples of diagnosis formulation; treatment algorithms in various clinical situations; unified forms of medical documentation used in a medical organization to carry out stages of diagnosis and treatment. 37 Provision of primary health care to the adult population in outpatient settings by a local general practitioner for secondary (symptomatic) arterial hypertension: clinical features, algorithms diagnostics, routing, treatment principles; standardized forms of medical documentation used in a medical organization to complete diagnostic and treatment stages. 38 Provision of primary health care to the adult population in outpatient settings by a local general practitioner for atrioventricular blockade: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to carry out the stages of diagnosis and treatment. 39 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner with a stable course of ischemic heart disease: pre-test probability of coronary heart disease. Primary examination in the diagnosis of coronary heart disease. The role of instrumental and laboratory methods in the diagnosis of coronary heart

		disease; standardized forms of medical documentation used in a healthcare organization for the diagnostic and treatment stages. 40 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for acute coronary syndrome: clinical manifestations, diagnostic algorithm, patient routing for medical care based on ECG data; standardized forms of medical documentation used in a healthcare organization to complete the diagnostic and routing stages. 41 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner in the condition after coronary artery bypass grafting/stenting of coronary vessels: diagnostic algorithm, complications of conditions, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis and treatment. 42 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for sinoatrial block: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 43 Primary care for adults in outpatient settings by a local general practitioner for left bundle branch block: diagnosis, examples of diagnosis formulation, patient routing during initial diagnosis, indications for hospitalization, treatment principles; disability assessment, prevention, and follow-up. Standardized forms of medical documentation used in diagnosis, treatment, disability assessment, and preventive measures. unified forms of medical documentation used in a medical organization to perform all stages of observation in a medical organization. 44 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for paroxysmal tachycardia: classification, diagnostic algorithm, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to complete the stages of diagnosis and treatment. 45 Primary health care for adults in outpatient settings by a local general practitioner for atrial fibrillation and flutter: diagnosis, complications, examples of diagnosis, treatment principles; standardized forms of medical documentation used in a healthcare organization to complete the diagnostic and treatment stages. 46 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for chronic heart failure: diagnostic stages in accordance with the current classification, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to complete the diagnostic and treatment stages. 47 Primary health care provision to adults in outpatient settings by a district physician with an artificial cardiac pacemaker: diagnosis (assessment), examples of diagnosis, management tactics; disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in diagnosis, disability assessment, and preventive measures. 48 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for carotid artery stenosis: diagnosis, complications of the disease, examples of diagnosis formulation,

		treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 49 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for dyslipidemia: diagnosis, role in cardiovascular risk stratification, complications, treatment principles; prevention, dispensary observation, standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, and preventive measures. 50 Provision of primary health care to the adult population in outpatient settings by a local general practitioner prediabetes: diagnosis of carbohydrate metabolism disorders, examples of diagnosis formulation, treatment principles; patient routing for planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in a healthcare organization to complete the diagnostic, treatment, and preventive measures. 51 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for type 2 diabetes mellitus: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 52 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for conditions following ischemic stroke and hemorrhagic stroke: diagnosis, complications of the conditions, examples of diagnosis formulation, treatment principles; patient routing for planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in a medical organization to complete the stages of diagnosis, treatment, and preventive measures. 53 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for chronic bronchitis: diagnostic criteria, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 54 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for chronic obstructive pulmonary disease: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 55 Provision of primary health care to the adult population in outpatient settings by a local general practitioner bronchiectasis: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to carry out the stages of diagnosis and treatment. 56 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for bronchial asthma: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 57 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for interstitial lung diseases: diagnosis, complications, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 58 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner in the condition following

		pneumonia: diagnosis, complications of the condition, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 59 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner in the condition following acute renal failure: diagnosis, complications of the condition, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to complete the stages of diagnosis and treatment. 60 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for chronic kidney disease: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 61 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for osteoporosis: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 62 Provision of primary health care to the adult population on an outpatient basis by a local general practitioner esophagitis: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis and treatment. 63 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for gastroesophageal reflux disease: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 64 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for duodenal ulcer disease: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 65 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for gastric ulcer disease: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 66 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for chronic pancreatitis with exocrine insufficiency: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization to carry out the stages of diagnosis and treatment. 67 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for chronic atrophic gastritis: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment.

		68 Tactics of a local general practitioner for chronic atrophic gastritis: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 69 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for gastric polyps: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 70 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for polyps of the stomach and duodenum: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 71 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for familial polyposis of the colon: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 72 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for rectal polyps: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 73 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for gallbladder polyps: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 74 Provision of primary health care to the adult population in outpatient settings by a local general practitioner achalasia of the cardiac part of the esophagus: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 75 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for Barrett's esophagus: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles, indications for hospitalization, patient routing for

		emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 76 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for ulcerative colitis: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 77 Provision of primary health care to the adult population in outpatient settings by a local general practitioner liver cirrhosis: diagnosis, complications, examples of diagnosis, treatment principles; standardized forms of medical documentation used in a medical organization to complete the diagnostic and treatment stages. 78 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for community-acquired pneumonia: diagnosis, complications of the disease, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 79 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for acute respiratory diseases: diagnostic algorithm, disease complications, examples of diagnosis formulation, treatment principles; standardized forms of medical documentation used in a medical organization for the stages of diagnosis and treatment. 80 Provision of primary health care to the adult population in outpatient settings by a district general practitioner in syncopal states: classification, diagnostic algorithm, indications for hospitalization, patient routing for emergency/urgent medical care, treatment principles, disability assessment, prevention; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, disability assessment, and preventive measures. 81 Provision of primary health care to the adult population in outpatient settings by a district general practitioner in case of prolonged subfebrile temperature, fevers of unknown genesis: classification, diagnostic algorithm at the outpatient stage, indications for hospitalization, patient routing for emergency/urgent medical care, treatment principles, disability assessment, prevention; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, disability assessment and preventive measures. 82 Provision of primary health care to the adult population in an outpatient setting by a district general practitioner for acute urinary tract infections: classification, diagnosis, indications for hospitalization, patient routing for emergency/urgent medical care, treatment principles, disability assessment, prevention; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, disability assessment, and preventive measures. 83 Provision of primary health care to the adult population in an outpatient setting by a local general practitioner for recurrent urinary tract infections: classification, diagnosis, indications for hospitalization, patient routing for emergency medical care, treatment principles, disability assessment, and prevention; standardized forms of medical documentation used in a healthcare organization to complete the stages of diagnosis, treatment, disability assessment, and preventive measures.

		84 Provision of primary health care to the adult population in outpatient settings by a local general practitioner for anemia (IA, folate deficiency): classification, diagnosis, indications for hospitalization, patient routing for emergency medical care, treatment principles, disability assessment, prevention; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, disability assessment, and preventive measures. Part 3 85 A district physician's approach to hypertension: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 86 The primary care physician's approach to secondary (symptomatic) arterial hypertension: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 87 The tactics of a local general practitioner in stable coronary artery disease: specific methods for diagnosing coronary artery disease. The choice of method depends on the PT of coronary artery disease and modifying factors. The role of a local general practitioner in organizing the diagnosis of coronary artery disease. Disability assessment, indications for hospitalization, patient routing for planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 88 Tactics for a local physician in the post-CABG/coronary stenting situation: disability assessment, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 89 A district physician's approach to treating sinus block: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 90 A district physician's approach to atrioventricular block: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 91 Tactics of the district general practitioner paroxysmal tachycardia: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 92 Tactics of a local general practitioner for atrial fibrillation and flutter: assessment of disability, indications for hospitalization, routing of patients for provision of emergency/planned medical care, prevention, and follow-up care. Standardized forms of medical documentation used in disability assessments and preventive measures. 93 A district physician's approach to managing chronic heart failure: disability assessment, indications for hospitalization, patient routing for emergency/urgent medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures.

		94 A district physician's approach to treating carotid artery stenosis includes: disability assessment, indications for hospitalization, patient referral for planned medical care, preventive measures, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 95 A primary care physician's approach to treating type 2 diabetes: disability assessment, indications for hospitalization, patient routing for emergency/planned care, prevention, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 96 Tactics of a local general practitioner for chronic bronchitis: disability assessment, indications for hospitalization, patient routing for planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 97 The primary care physician's approach to treating patients with chronic obstructive pulmonary disease: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 98 Tactics of a local general practitioner in bronchiectasis: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 99 Tactics of a local general practitioner in bronchial asthma: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 100 Tactics of a local general practitioner for interstitial diseases lungs: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 101 A district physician's approach to managing patients after pneumonia: disability assessment, indications for hospitalization, prevention, and follow-up. Standardized medical documentation forms used in disability assessments and preventive measures. 102 The primary care physician's approach to managing patients after acute renal failure: disability assessment, indications for hospitalization, prevention, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 103 Tactics of a local general practitioner in chronic kidney disease: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 104 A district physician's approach to osteoporosis: disability assessment, indications for hospitalization, patient routing for emergency/planned care, prevention, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 105 A district physician's approach to treating esophagitis: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized

		forms of medical documentation used in disability assessment and preventive measures. 106 A district physician's approach to treating gastroesophageal reflux disease: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 107 A district physician's approach to treating gastric ulcers: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessments and preventive measures. 108 A district physician's approach to treating duodenal ulcers: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessments and preventive measures. 109 A district physician's approach to treating chronic pancreatitis with exocrine insufficiency: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized medical documentation forms used in disability assessment and preventive measures. 110 Tactics of a local general practitioner for ulcerative colitis: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 111 Tactics of the district general practitioner for liver cirrhosis: disability assessment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 112 Tactics of a district physician-therapist for hepatocellular adenoma: diagnosis, complications of the disease, examples of diagnosis formulation, principles of treatment, indications for hospitalization, patient routing for emergency/planned medical care, prevention, dispensary observation; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment and preventive measures. 113 Tactics of a local general practitioner in case of community-acquired pneumonia: disability assessment, indications for hospitalization (determining the choice of treatment site), patient routing for emergency/urgent medical care, prevention, and follow-up. Standardized forms of medical documentation used in disability assessment and preventive measures. 114 Tactics of a local general practitioner in case of acute respiratory infections Diseases: disability assessment, indications for hospitalization, patient routing for emergency/urgent medical care, and prevention. Standardized forms of medical documentation used in disability assessment and preventive measures. 115 Tactics of a district physician-therapist for dorsopathies: "alarm" symptoms, diagnostic algorithm, indications for hospitalization, patient routing for emergency/planned medical care, treatment principles, disability assessment, prevention; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, disability assessment, and preventive measures.

		116 Tactics of a district physician-therapist for articular syndrome: classification, diagnostic algorithm, indications for hospitalization, patient routing for emergency/planned medical care, treatment principles, disability assessment, prevention; standardized forms of medical documentation used in a medical organization to perform the stages of diagnosis, treatment, disability assessment, and preventive measures.

Tests

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	GPC-4	Able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	GPC-8	Able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
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-5	Ability and readiness to select patient management tactic with decision on risk factors correction program, plan of pharmacological and non-pharmacological treatment and assessment of their efficiency and safety in patients with diseases of internal organs, taking into account the diagnosis, age of the patient, and clinical picture of the disease in settings including day hospital
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam
C	PC-8	Ability and readiness to perform preventive medical examinations, periodic health examination and follow-up care
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
F	A/04.7	Implementation and monitoring of the effectiveness of medical rehabilitation of patients, including implementation of individual rehabilitation or habilitation programs for people with disabilities; assessment of the patient’s ability to work
F	A/05.7	Implementation of disease prevention measures for the adult population groups based on age and health status, as well as health and hygiene education of the population and monitoring their effectiveness
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. What examination methods are used to detect bronchial obstruction in a patient with coronary heart disease? a) blood gas analysis b) bronchoscopy

c) spirography, spirometry
d) computed tomography

2. The most typical complaint in patients with CHF is
a) shortness of breath
b) headache
c) joint pain
d) aching pain in the heart area

3. For the diagnosis of the functional class of chronic heart failure, the simplest and most informative method is
a) heart ultrasound
b) weighing
c) 6-minute walk test
d) bicycle ergometry

4. What pathology is characterized by reversible bronchial obstruction?
a) Chronic obstructive pulmonary disease
b) Lung cancer
c) Pulmonary embolism
d) Bronchial asthma

5. Patients with CHF are advised to limit their consumption of
a) magnesium salts
b) high-calorie foods
c) potassium salts
d) table salt

6. Therapy for CHF with reduced ejection fraction includes
a) ACE inhibitor
b) Valsartan + sacubitril
c) beta-blockers
d) calcium channel antagonists

7. Indications for emergency hospitalization are
a) all life-threatening conditions
b) all preventive measures
c) all epidemiological measures
d) all post-vaccination complications

8. Indications for planned hospitalization include
a) diagnostic, therapeutic, expert questions
b) diagnostic, preventive, epidemiological
c) infectious
d) all life-threatening conditions

9. The most common complication of chronic pancreatitis in a patient with diabetes mellitus is
a) exocrine pancreatic insufficiency
b) peritonitis
c) ascites
d) paranephritis

10. Index used to assess comorbidity is

		a) Charlson Index b) Body mass index c) HOMA index d) Algover Index

Assessment criteria

"Very good" – 80-100% 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

Standardized case studies and checklists for **B1.C.34 Outpatient therapy** 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	GPC-4	Able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	GPC-8	Able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
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-5	Ability and readiness to select patient management tactic with decision on risk factors correction program, plan of pharmacological and non-pharmacological treatment and assessment of their efficiency and safety in patients with diseases of internal organs, taking into account the diagnosis, age of the patient, and clinical picture of the disease in settings including day hospital
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam
C	PC-8	Ability and readiness to perform preventive medical examinations, periodic health examination and follow-up care
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
F	A/04.7	Implementation and monitoring of the effectiveness of medical rehabilitation of patients, including implementation of individual rehabilitation or habilitation programs for people with disabilities; assessment of the patient's ability to work
F	A/05.7	Implementation of disease prevention measures for the adult population groups based on age and health status, as well as health and hygiene education of the population and monitoring their effectiveness
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS**

		Problem text: A 60-year-old woman, an employee, consulted her local physician with complaints of headaches in the occipital region with increases in blood pressure to 164 and 98 mm Hg, which are reduced by taking captopril, heart irregularities. History of smoking, moderate alcohol consumption, physical inactivity, and death of father at age 53 from myocardial infarction. On examination: satisfactory condition, excessive weight: BMI – 34 kg/m^2, waist circumference 108 cm. The skin is clean, of normal color. In the lungs, vesicular breathing is heard, no abnormal sounds. The left border of relative cardiac dullness is in the 5th intercostal space, 1 cm outward from the midclavicular line, the upper and right ones are unchanged. Heart sounds are clear, rhythmic, a single extrasystole. The pulse is the same on both hands - 84 per minute, blood pressure - 170 and 100 mm Hg. The abdomen is soft and painless on palpation. The liver and spleen are not enlarged. There is no dysuria. The symptom of percussion on the lumbar region on both sides is negative. Peripheral edema not detected. On the ECG: sinus rhythm 84 per minute, a single ventricular extrasystole
Q	1	Question: Formulate a preliminary diagnosis and draw up a plan for laboratory and instrumental examinations of the patient
Q	2	Question: Assess the risk of cardiovascular complications based on the results of the studies: total cholesterol - 6.4 mmol/L, fasting plasma glucose - 6.3 mmol/L
Q	3	Question: What health group can this patient be assigned to?
Q	4	Question: Name the measures to change the patient's lifestyle and the planned pharmaceutical treatment for arterial hypertension
Q	5	Question: Name the criteria for the effectiveness of follow-up observation

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	GPC-4	Able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	GPC-8	Able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
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-5	Ability and readiness to select patient management tactic with decision on risk factors correction program, plan of pharmacological and non-pharmacological treatment and assessment of their efficiency and safety in patients with diseases of internal organs, taking into account the diagnosis, age of the patient, and clinical picture of the disease in settings including day hospital
C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam

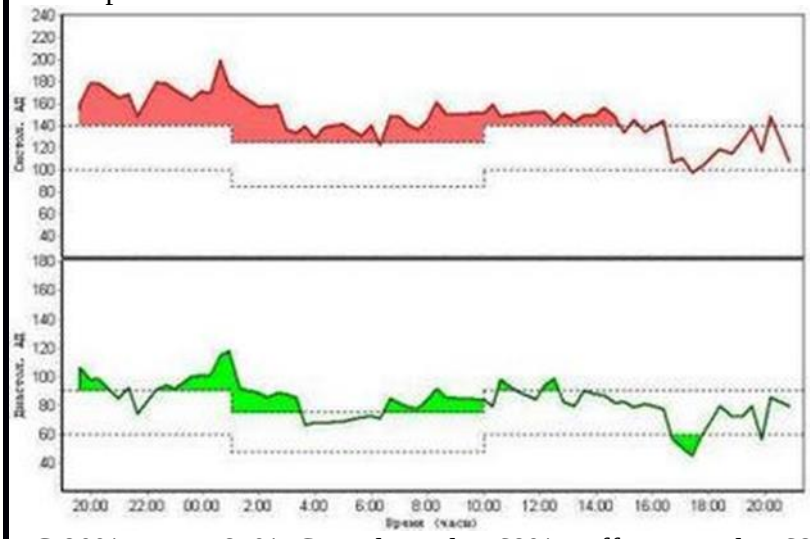
C	PC-8	Ability and readiness to perform preventive medical examinations, periodic health examination and follow-up care
F	A/02.7	Examination of the patient in order to make a diagnosis
F	A/03.7	Prescribing treatment and monitoring its efficiency and safety
F	A/04.7	Implementation and monitoring of the effectiveness of medical rehabilitation of patients, including implementation of individual rehabilitation or habilitation programs for people with disabilities; assessment of the patient's ability to work
F	A/05.7	Implementation of disease prevention measures for the adult population groups based on age and health status, as well as health and hygiene education of the population and monitoring their effectiveness
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Problem text: A 60-year-old woman, an employee, consulted her local physician with complaints of headaches in the occipital region with increases in blood pressure to 164 and 98 mm Hg, which are reduced by taking captopril, heart irregularities. History of smoking, moderate alcohol consumption, physical inactivity, and death of father at age 53 from myocardial infarction. On examination: satisfactory condition, excessive weight: BMI – 34 kg/m2, waist circumference 108 cm. The skin is clean, of normal color. In the lungs, vesicular breathing is heard, no abnormal sounds. The left border of relative cardiac dullness is in the 5th intercostal space, 1 cm outward from the midclavicular line, the upper and right ones are unchanged. Heart sounds are clear, rhythmic, a single extrasystole. The pulse is the same on both hands - 84 per minute, blood pressure - 170 and 100 mm Hg. The abdomen is soft and painless on palpation. The liver and spleen are not enlarged. There is no dysuria. The symptom of percussion on the lumbar region on both sides is negative. Peripheral edema not detected. On the ECG: sinus rhythm 84 per minute, a single ventricular extrasystole
Q	1	Question: Formulate a preliminary diagnosis and draw up a plan for laboratory and instrumental examinations of the patient
A		Correct answer: Preliminary diagnosis: Stage II hypertension. Target level not achieved. Ventricular extrasystole. Prediabetes. Stage I obesity (BMI 34 kg/m^2, waist circumference 108 cm) alimentary-constitutional; Examination plan: clinical blood test, general therapeutic biochemical blood test, blood test to assess lipid metabolism disorders, general urine analysis, glucose metabolism test, nephron function test (clearance), microalbuminuria test, coagulogram, electrocardiography, ophthalmoscopy, echocardiography, 24-hour blood pressure monitoring, ultrasound examination of the kidneys, consultation with a cardiologist, neurologist, ophthalmologist
R2	Very good	The preliminary diagnosis was formulated correctly. The examination plan was prepared in accordance with the Government Law of the Russian Ministry of Health dated November 9, 2012, No. 708n "On Approval of the Standard of Primary Health Care for Primary Arterial Hypertension (Hypertension Disease)"
R1	Good/ Satisfactory	The preliminary diagnosis is formulated correctly; the examination plan includes 90% of the necessary examination methods; The preliminary diagnosis is formulated correctly, the examination plan includes 50% of the required examination methods.
R0	Fail	Incorrect answer descriptors for the question are indicated

		The preliminary diagnosis is incorrectly formulated; the examination plan includes 30% of the necessary examination methods
Q	2	Question: Assess the risk of cardiovascular complications based on the results of the studies: total cholesterol - 6.4 mmol/L, fasting plasma glucose - 6.3 mmol/L
A		Correct answer: A 60-year-old woman who smokes, blood pressure is 170/100 mmHg, cholesterol is 6.4 mmol/L, the total absolute cardiovascular risk according to the SCORE scale is high, its level is -7%.
R2	Very good	Correctly assesses total cardiovascular risk using the SCORE scale criteria
R1	Good/ Satisfactory	Assesses cardiovascular risk using the SCORE criteria but classifies them as moderate risk; Knows the SCORE scale, but names 3 criteria for assessing cardiovascular risk
R0	Fail	Doesn't know the SCORE scale
Q	3	Question: What health group can this patient be assigned to?
A		Correct answer: This patient with a high absolute total cardiovascular risk and an established diagnosis of arterial hypertension belongs to health status group IIIa and requires follow-up observation for this disease
R2	Very good	Correctly formulates the requirements for health group IIIa and indicates the need for dispensary observation
R1	Good/ Satisfactory	Indicates arterial hypertension, classifies the patient as belonging to the IIIa health status group, the need for medical observation for this disease, but does not indicate a high vascular risk; Indicates arterial hypertension, classifies the patient as belonging to health status group III, does not indicate a high vascular risk and the need for medical observation for this disease.
R0	Fail	Doesn't know health groups
Q	4	Question: Name the measures to change the patient's lifestyle and the planned pharmaceutical treatment for arterial hypertension
A		Correct answer: Quitting smoking, normalizing body weight, reducing alcohol consumption, increasing physical activity, reducing consumption of table salt, changing diet; The patient will be prescribed combination therapy of at least 2 medications from the following groups: ACE inhibitors or ARBs, beta-blockers, calcium antagonists, diuretics, statins if hyperlipidemia is confirmed, metformin
R2	Very good	All the above mentioned preventive measures and groups of antihypertensive medications are listed
R1	Good/ Satisfactory	All the above-mentioned groups of antihypertensive medications are listed, 4 out of 6 preventive measures are named; 50% of the above-mentioned antihypertensive medications and preventive measures are listed.
R0	Fail	Less than 3 medications and preventive measures were named
Q	5	Question: Name the criteria for the effectiveness of follow-up observation
A		Correct answer: 1) reduction in the number of cases and the number of days of temporary disability of citizens under medical observation;

		2) reduction in the number of hospitalizations of citizens under medical observation, including for emergency medical reasons, due to exacerbations and complications of diseases; 3) no increase or decrease in the number of cases of disability of citizens under medical observation; 4) reduction of mortality rates, including mortality outside of medical organizations, of citizens under medical observation; 5) reduction in the frequency of exacerbations of chronic diseases in citizens under medical observation; 6) a reduction in the number of calls to emergency medical care and hospitalizations for emergency medical reasons among the adult population under medical observation
R2	Very good	6 criteria for the effectiveness of medical observation have been identified
R1	Good/ Satisfactory	4-5 criteria for the effectiveness of medical observation are named; Less than 3 criteria for the effectiveness of medical observation are named
R0	Fail	1-2 criteria for the effectiveness of medical observation have been identified

Case Study No.2

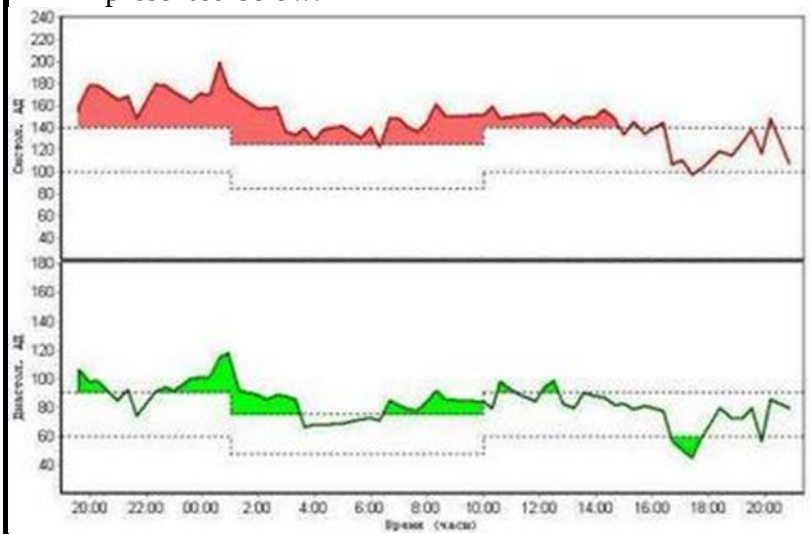
	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	GPC-4	Able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
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C	GPC-8	Able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
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C	PC-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam
C	PC-8	Ability and readiness to perform preventive medical examinations, periodic health examination and follow-up care
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
F	A/04.7	Implementation and monitoring of the effectiveness of medical rehabilitation of patients, including implementation of individual rehabilitation or habilitation programs for people with disabilities; assessment of the patient’s ability to work

F	A/05.7	Implementation of disease prevention measures for the adult population groups based on age and health status, as well as health and hygiene education of the population and monitoring their effectiveness
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient A., 54, a school teacher, consulted his local physician complaining of headaches in the occipital region at night, accompanied by a rise in blood pressure to 190 and 110 mmHg and a sharp decrease during the daytime to 100 and 50 mmHg while taking antihypertensive medications, accompanied by a feeling of weakness and pressing pain in the heart area and a cough with a small amount of sputum in the morning. The patient had a history of high blood pressure for 10 years, was examined in a hospital setting, and was diagnosed with stage 2 hypertension. His family history is burdened: his mother and sister suffer from hypertension. He has smoked 10 cigarettes a day for 20 years, leads a sedentary lifestyle, and has a highly emotionally-demanding job. On examination: the patient's condition is satisfactory, the skin and visible mucous membranes are unchanged. BMI is 36 kg/m². The peripheral lymph nodes are not enlarged; the thyroid gland is not palpable. Respiratory rate is 18 breaths per minute. On auscultation of the lungs, vesicular breathing is heard, there are no abnormal breathing sounds. The left border of relative cardiac dullness along the midclavicular line, the upper and right ones are unchanged. Heart sounds are clear, arrhythmic, isolated ventricular extrasystoles are heard (up to 10-15 per minute). The pulse is the same on both hands - 78 beats per minute, BP is 160/90 mmHg. The abdomen is soft and painless on palpation. The liver is not palpable. Percussion of the renal area is painless on both sides. There are no dysuric phenomena. For the last 3 weeks, he has been taking losartan 50 mg at 8:00 am and atenolol 50 mg at 12:00 pm. Examination: ECG - isolated ventricular extrasystoles, Sokolov-Lyon index 42 mm (for people over 40 years old, the norm is up to 38 mm) • EchoCG: left ventricular myocardial mass index (LVMMI) is 102 g/m^2 • The results of daily blood pressure monitoring and spirometry are presented below.  VC 90%, FEV1 82%, Gaensler index 69%, Tiffeneau index 68%, FEV1 increase was 11%
Q	1	Question: Formulate a diagnosis
Q	2	Question: Assess the daily fluctuations in the patient's blood pressure shown in the diagram and correlate them with the intake of prescribed medications

Q	3	Question: Make a treatment plan in accordance with current medical care procedures, clinical guidelines (treatment protocols), taking into account the clinical picture and the results of ABPM
Q	4	Question: What are the indications for hospitalization?
Q	5	Question: Prescribe preventive measures taking into account risk factors and the clinical progression of the disease

Case Study No.2 Checklist

	Code	**Competence description / name of labor function / name of work activity / text**
S	31.05.01	General Medicine (English-language program)
C	GPC-4	Able to use medical devices included in the healthcare guidelines, as well as perform medical examination to make a diagnosis
C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	GPC-8	Able to implement and monitor medical rehabilitation of a patient, including implementation of individual rehabilitation programs and habilitation programs for people with disabilities, as well as assess ability to work of a patient
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
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C	PC-5	Ability and readiness to select patient management tactic with decision on risk factors correction program, plan of pharmacological and non-pharmacological treatment and assessment of their efficiency and safety in patients with diseases of internal organs, taking into account the diagnosis, age of the patient, and clinical picture of the disease in settings including day hospital
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C	PC-7	Ability and readiness to conduct an examination of temporary disability, participate in disability medical exam
C	PC-8	Ability and readiness to perform preventive medical examinations, periodic health examination and follow-up care
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
F	A/04.7	Implementation and monitoring of the effectiveness of medical rehabilitation of patients, including implementation of individual rehabilitation or habilitation programs for people with disabilities; assessment of the patient’s ability to work
F	A/05.7	Implementation of disease prevention measures for the adult population groups based on age and health status, as well as health and hygiene education of the population and monitoring their effectiveness
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Patient A., 54, a school teacher, consulted his local physician complaining of headaches in the occipital region at night, accompanied by a rise in blood

		pressure to 190 and 110 mmHg and a sharp decrease during the daytime to 100 and 50 mmHg while taking antihypertensive medications, accompanied by a feeling of weakness and pressing pain in the heart area and a cough with a small amount of sputum in the morning. The patient had a history of high blood pressure for 10 years, was examined in a hospital setting, and was diagnosed with stage 2 hypertension. His family history is burdened: his mother and sister suffer from hypertension. He has smoked 10 cigarettes a day for 20 years, leads a sedentary lifestyle, and has a highly emotionally-demanding job. On examination: the patient's condition is satisfactory, the skin and visible mucous membranes are unchanged. BMI is 36 kg/m². The peripheral lymph nodes are not enlarged; the thyroid gland is not palpable. Respiratory rate is 18 breaths per minute. On auscultation of the lungs, vesicular breathing is heard, there are no abnormal breathing sounds. The left border of relative cardiac dullness along the midclavicular line, the upper and right ones are unchanged. Heart sounds are clear, arrhythmic, isolated ventricular extrasystoles are heard (up to 10-15 per minute). The pulse is the same on both hands - 78 beats per minute, BP is 160/90 mmHg. The abdomen is soft and painless on palpation. The liver is not palpable. Percussion of the renal area is painless on both sides. There are no dysuric phenomena. For the last 3 weeks, he has been taking losartan 50 mg at 8:00 am and atenolol 50 mg at 12:00 pm. Examination: ECG - isolated ventricular extrasystoles, Sokolov-Lyon index 42 mm (for people over 40 years old, the norm is up to 38 mm) • EchoCG: left ventricular myocardial mass index (LVMMI) is 102 g/m² • The results of daily blood pressure monitoring and spirometry are presented below.  VC 90%, FEV1 82%, Gaensler index 69%, Tiffeneau index 68%, FEV1 increase was 11%
Q	1	Question: Formulate a diagnosis
A		Correct answer: Stage II hypertension. Target level not achieved. Risk 3 (high). Left ventricular hypertrophy. Ventricular extrasystole. Stage II obesity, alimentary-constitutional (BMI 36 kg/m²). COPD. Severity level I, mild clinical symptoms mMRC 0, CAT 4 (GOLD 1, group A)
R2	Very good	Correctly formulates a diagnosis, indicating the underlying disease, its stage, degree, and risk of cardiovascular complications.

R1	Good/ Satisfactory	The diagnosis, stage and extent of the disease are formulated correctly, the risk of cardiovascular complications is determined, and the LVH is not indicated; Obesity is not included in the diagnosis, and LVH is not indicated
R0	Fail	The formulation of the diagnosis is arbitrary
Q	2	Question: Assess the daily fluctuations in the patient's blood pressure shown in the diagram and correlate them with the intake of prescribed medications
A		Correct answer: The diagram shows elevated SBP and DBP readings, primarily at night, with maximum values of 200 mmHg for SBP and 120 mmHg for DBP, while normal nighttime readings typically show a physiological decrease. During the day and evening, a decrease in SBP to 100 mmHg and DBP to 40 mmHg was recorded, likely related to the peak effect of both medications. Spirometry revealed impaired external respiratory function of the obstructive type, the test with a bronchodilator was negative
R2	Very good	An analysis of the presented blood pressure figures was carried out, and a possible connection between its sharp decrease and the pharmacological action of the medications (maximum decrease in blood pressure after 6 hours) was indicated.
R1	Good/ Satisfactory	The relationship between medication intake and blood pressure levels is not analyzed; Cannot correlate the obtained blood pressure data with its daily fluctuations (circadian rhythm of blood pressure)
R0	Fail	Unable to evaluate the results of examination methods
Q	3	Question: Make a treatment plan in accordance with current medical care procedures, clinical guidelines (treatment protocols), taking into account the clinical picture and the results of ABPM
A		Correct answer: 1. Consultation with a cardiologist and pulmonologist. 2.For long-term therapy, the patient should be advised to continue taking losartan at a dose of 25 mg, and replace atenolol with bisoprolol at a dose of 5 mg/s (persistent extrasystole, tendency to tachycardia), formoterol 12 μg 2 times a day, acetylcysteine 200 mg 2 times a day. 3.At the beginning of drug therapy, follow-up visits should be held every 2 to 4 weeks, then every 1 to 2 months to monitor the effectiveness and tolerability of the therapy and adjust the dosage regimen. Once target blood pressure is achieved, monitoring and control should be performed 2 to 4 times a year, depending on the specific risk level, with spirometry monitoring.
R2	Very good	A cardiologist consultation was correctly scheduled, the most promising and justified medications were selected, and a plan for follow-up visits to monitor blood pressure and the effectiveness of the therapy was described
R1	Good/ Satisfactory	Follow-up visits to monitor treatment are not scheduled; Follow-up visits are not scheduled, beta-blockers are replaced by thiazide diuretics
R0	Fail	No treatment adjustments were made, and follow-up visits to monitor treatment were not scheduled
Q	4	Question: What are the indications for hospitalization?
A		Correct answer: 1. The occurrence of a complicated hypertensive crisis.

		2. The need for additional (special) examination to clarify the nature (cause) of increased blood pressure, which cannot be carried out in an outpatient setting. 3. Difficulty in selecting therapy in outpatient settings (resistant and malignant hypertension)
R2	Very good	All three indications for hospitalization are listed
R1	Good/ Satisfactory	2 indications for hospitalization are listed; 1 indication for hospitalization was named.
R0	Fail	The indications for hospitalization were stated incorrectly
Q	5	Question: Prescribe preventive measures taking into account risk factors and the clinical progression of the disease
A		Correct answer: -quitting smoking - limiting salt intake; - weight loss; -walking at a moderate pace for at least 30 minutes a day most days of the week; - blood pressure monitoring; - regular intake of antihypertensive drugs; - lifelong follow-up with a local physician, with annual consultations with a cardiologist, ophthalmologist, and studies aimed at identifying early complications in target organs
R2	Very good	All activities specified in the clinical protocols and guidelines recommended by the Russian Ministry of Health are listed
R1	Good/ Satisfactory	4-5 of the above activities are named; 3 of the above secondary prevention measures are named
R0	Fail	2 of the above-mentioned secondary prevention measures are named

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.