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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
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_____/ Zaytseva E.A./
“10th” of April 2026

COLLECTION OF ASSESSMENT TOOLS
B1.C.22 Dermatovenereology
of the basic educational program
of Higher Education

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

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
		Case Studies
2	Interim assessment	Tests
		Interview Questions
		Mini-Case Studies
3	State Final Examination	Case Studies

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	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	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. The presence of the following is necessary for the diagnosis of pediculosis (lice infestation) +1. insects and nits 2. increased IgM 3. crusts

	4. scratch marks 2. Lice bites cause +1. skin pruritus (itching) 2. vesicles/bullae 3. ulceration 4. erosion 3. Clinical manifestation of favus includes +1. scutula 2. scales 3. stubs 4. vesicles 4. Source of lice infestation +1. afflicted person 2. cats 3. dogs 4. mice 5. Unilateral enlargement of the amygdala, its insignificant induration, lack of diffuse redness, submandibular lymphadenitis speak in favor of 1. chronic tonsillitis 2. follicular tonsillitis 3. paratonsillar abscess +4. chancre tonsillitis 6. A pointed pustule with tropism to the skin appendages is characteristic of +1. staphyloiderma 2. mycosis 3. scabies 4. syphilis 7. Raised dense bright red infiltrate with a purulent-necrotic center is a +1. furuncle 2. phlycten 3. sycosis 4. chancriform pyoderma 8. Lichen planus is caused by +1. streptococci 2. fungi 3. staphylococci 4. viruses 9. Nocturnal itching, paired papulo-vesicular rashes, excoriations are characteristic of +1. scabies 2. allergic dermatitis 3. sycosis 4. rubella measles
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		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. True eczema is characterized by +1. chronic recurrent course +2. clear boundaries of the process 3. indistinct boundaries of the process +4. "serous wells" symptom 2. Clinical forms of eczema include +1. true +2. microbial +3. seborrheic 4. adolescent 3. Early congenital syphilis includes the following periods +1.early childhood syphilis +2.fetal syphilis +3. infant syphilis +4.secondary syphilis 4. Scabies can be transmitted through +1. sexual intercourse 2. droplets (airborne) 3. blood transfusion +4. handshakes
		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		1. Select which of the following layers belong to the epidermis (1) and to the dermis (2): a. basal b. spinous c. papillary d. reticular d. granular e. horny f. shiny Correct answer: 1- a, b, d, e, f, 2- c, d 2. Select which of the following morphological elements are exudative (1) and proliferative (2): a. blister b. papule c. vesicle d. tubercle d. pustule e. wheal f. nodule Correct answer: 1- a, c, d, e 2 - b, d, f 3. Match the symptoms with the diseases:

			Disease	Symptoms
			1. Microsporia 2. Trichophytosis 3. Favus	a. Hair loss
				b. Hair stumps 1-2 mm
				c. Blackhead-like lesions
				d. Hair stumps 5-8 mm
				e. Multiple lesions
				f. Diffuse lesions
				g. Single lesions
		Correct answer: 1- d, g; 2- b, c, e; 3-a		

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 54% 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)
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C	GPC-7	Able to prescribe treatment and monitor its efficacy and safety
C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		ANSWER THE QUESTIONS 1. Skin structure, blood supply, receptor apparatus. Functions of the skin. 2. Adnexa of skin, structure, functions. 3. Classification of skin lesions. Characteristics of primary and secondary skin lesions. 4. Pathohistological changes in the epidermis, dermis, and hypodermis. 5. Exogenous and endogenous causes of skin diseases. 6. Principles of internal therapy in dermatology, medications. 7. External therapy medications in dermatology, characteristics.

	8. Pyoderma. Characteristics of conditions and predisposing factors. Classification. Characteristics of pathogens. Development of pyoderma in the workplace. 9. Clinical forms of staphylococcal pyodermas. Ostiofolliculitis, folliculitis, sycosis, furuncle, carbuncle, hydradenitis. 10. Streptoderma. Etiology, classification, clinical manifestation, treatment, prevention. 11. Scabies. Etiology, modes of transmission, clinical manifestation, treatment. Aspects of progression of scabies in newborns and the elderly. 12. Pediculosis (lice infestation). Etiology, modes of transmission, clinical manifestation, treatment. 13. Dermatitis. Classification, causes. 14. Simple contact dermatitis. Etiology, pathogenesis, clinical manifestation, features depending on the causing factor. Simple contact dermatitis in the workplace. 15. Allergic dermatitis. Etiology, pathogenesis, clinical manifestation, treatment. Allergy tests. Workplace allergic dermatitis and its prevention. 16. Toxicoderma. Etiology, clinical manifestation, treatment, prevention. 17. Lyell's syndrome and Stevens–Johnson syndrome. Etiology, clinical manifestation, treatment, prevention. 18. Eczema. Classification, clinical manifestation, treatment, prevention. 19. Characteristics of fungi, prevalence in nature, conditions and routes of infection. Classification of mycoses. 20. Keratomycosis. Etiology, classification, clinical manifestation, treatment, prevention. 21. Dermatormycosis. Etiology, classification, clinical manifestation, treatment, prevention. 22. Candidiasis. Etiology, classification, clinical manifestation, treatment, prevention. 23. Deep mycoses. Etiology, classification, clinical manifestation, treatment, prevention. 24. Pseudomycosis: actinomycosis. 25. Mycoses in the workplace. Clinical manifestation, treatment, prevention. 26. Neurodermatoses. Incidence rate, classification. 27. Skin pruritus (itching). Etiology, pathogenesis, classification, clinical manifestation, treatment. 28. Prurigo. Etiology, pathogenesis, clinical manifestation, treatment. 29. Urticaria. Etiology, pathogenesis, classification, clinical manifestation, treatment. 30. Localized neurodermatitis. Etiology, pathogenesis, clinical manifestation, treatment. 31. Atopic dermatitis. Etiology, pathogenesis, periods, clinical manifestation, treatment. 32. Connective tissue disorders. Incidence, causes, classification. Principles of treatment and follow-up care. 33. Lupus erythematosus. Clinical manifestation, pathogenesis, treatment.
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	34. Scleroderma. Clinical manifestation, pathogenesis, treatment. 35. Dermatomyositis. Clinical manifestation, pathogenesis, treatment. 36. Viral dermatoses. Incidence rate, classification. 37. Herpes simplex. Etiology, pathogenesis, clinical manifestation, treatment, atypical forms. Features of the progression in HIV-infected people. 38. Herpes zoster. Etiology, pathogenesis, clinical manifestation, treatment. Features of the progression in HIV-infected people. 39. Warts. Etiology, pathogenesis, classification. Features of the progression in HIV-infected people. 40. Anogenital warts (pointed condylomata). Clinical manifestation, pathogenesis, treatment. 41. Molluscum contagiosum. Clinical manifestation, pathogenesis, treatment. 42. Vesicular dermatoses. Incidence rate, classification. 43. Pemphigus vulgaris. Etiology, pathogenesis, classification. Aspects of diagnosis and treatment. 44. Dermatitis Herpetiformis. Etiology, pathogenesis, clinical manifestation, diagnosis, treatment. 45. Psoriasis. Etiology, classification. Characteristics of the clinical manifestations of typical psoriasis, periods of progression, seasonality. 46. Erythrodermic psoriasis. Clinical manifestation, pathogenesis, treatment. 47. Psoriatic arthritis. Clinical manifestation, pathogenesis, treatment. 48. Pustular psoriasis. Clinical manifestation, pathogenesis, differential diagnosis, treatment. 49. Lichen ruber planus. Etiology, pathogenesis, typical and atypical forms, differential diagnosis, treatment. 50. Characteristics of venereal (sexually transmitted) diseases. 51. Syphilis. The history of syphilis in Europe. Etiology, structure and properties of <i>Treponema pallidum</i>, conditions and routes of transmission. Periods of syphilis and its general progression. Immunity in syphilis. 52. First period of syphilis. Characteristics, clinical manifestation (characteristics, complications and differential diagnosis of a typical solid chancre), atypical solid chancres, principles of diagnosis. 53. Second period of syphilis. Characteristics, clinical manifestations of fresh and recurrent syphilis, principles of diagnosis. 54. Differential diagnosis of roseolous rash, papular syphilis, pustular syphilis. 55. Internal organs and nervous system damage in patients with secondary syphilis 56. Latent syphilis. Classification, principles of diagnostics. 57. Tertiary period of syphilis. Characteristics, main manifestations on the skin, lesions of the mucosa, internal organs damage. Clinical manifestation of late neurosyphilis.
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	58. Principles of diagnosis of tertiary syphilis. Differential diagnosis with tuberculosis, leishmaniasis, leprosy. 59. Congenital syphilis. Classification, fetal and placental lesions, clinical manifestation. 60. Principles of serological reactions and interpretation of the results. Principles of syphilis treatment, periodic examination. 61. Characteristics of STIs. 62. Gonorrhea. Structure and properties of gonococcus, incubation period, routes and conditions of transmission. Classification, clinical manifestation, complications. Diagnosis, treatment, periodic examination. 63. Trichomoniasis. Etiology, clinical manifestation, diagnosis, treatment, periodic examination. 64. Chlamydia infection. Etiology, pathogenesis, clinical manifestation, treatment. 65. Genital herpes. Etiology, pathogenesis, clinical manifestation, treatment. 66. Ureaplasma infection. Etiology, pathogenesis, clinical manifestation, treatment. 67. Candidiasis. Etiology, pathogenesis, clinical manifestation, treatment. 68. Bacterial vaginosis. Etiology, pathogenesis, clinical manifestation, treatment. 69. HIV infection. Etiology, pathogenesis. HIV-associated skin diseases.
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Assessment criteria

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

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

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

“Unsatisfactory” - less than 54% correct answers of questions of every level

Case study for continuous assessment

Topic: General progression of syphilis. Primary syphilis

Motivation:

Syphilis is an infectious disease caused by *Treponema pallidum*, transmitted predominantly through sexual intercourse, and characterized by the periodicity of the progression; it is a socially dangerous disease, therefore the problem of comprehensive treatment of patients and their partners is an important task in venereology.

An important role in solving this problem is played by anti-epidemic measures, clear accounting and medical examination of all syphilis patients, and public preventive measures. Syphilis occupies a special place among all infectious diseases in terms of incidence rate, threat to public health, and certain difficulties in treatment.

After the incubation period, the primary period of syphilis develops, which begins with the appearance of a solid chancre at the site of penetration of *T. pallidum*. In primary syphilis, a primary affect develops at the site of the introduction of *T. pallidum* – an erosion or an ulcer with a diameter from 2–3 mm (dwarf chancre) to 1.5-2 cm or more (giant chancre), rounded with even edges, a smooth, shiny pink or red (sometimes grayish-yellow) bottom, saucer-shaped shape (ulcer), with low amounts of serous discharge, painless on palpation; at the base of primary syphiloma – a densely elastic infiltrate.

Primary affect is accompanied by regional lymphadenitis, less often lymphangitis; can be typical (erosive, ulcerative) and atypical (indurative edema, chancre-panaricium and chancre-tonsillitis); have a single and multiple foci; have genital, perigenital, and extragenital location; it can

be complicated if a secondary infection occurs (impetiginization, balanoposthitis, vulvovaginitis, phimosis, paraphimosis, gangrenization, phagedenism). At the end of the primary period, polyadenitis and general infectious symptoms (intoxication syndrome) appear.

Purpose: to learn the clinical signs of the disease, tactics of examining the patient, and preventive measures.

Objectives:

1. Determine the clinical signs of the disease.
2. Describe the status localis and status specialis.
3. Determine the tactics of the patient's examination, preventive measures.

Case Study

	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	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient V. (29 years old) made a dermatologist appointment. Presents with: rash on the penis. He makes no subjective complaints. Anamnesis morbi: considers himself afflicted for two weeks after he first noticed rash on the penis; does not link the appearance of the rash to any possible cause. He did not self-medicate. A week ago, lymph nodes in the left groin area became enlarged. Notes an accidental sexual intercourse with an unfamiliar woman a month prior to the appearance of the rash. Status localis: the process is inflammatory in nature, limited, asymmetrical, localized on the inner preputial leaf (inner leaf of the foreskin), represented by a painless ulcer measuring 0.5 by 0.5 cm, rounded, even, with clear boundaries and a saucer-shaped bottom. The bottom of the ulcer is clean, shiny ('varnished') with scant serous discharge. There is a dense infiltrate at the base of the ulcer. The lymph nodes on the left are not matted together, dense, painless, the skin above them is not changed. Dimensions - 0.5×0.8 cm.
Q	1	Question: Preliminary diagnosis, its justification
Q	2	Question: What additional tests are needed to make a definitive diagnosis?
Q	3	Question: What preventive measures against this disease are there?

Case Study 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	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
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Q	1	Question: Preliminary diagnosis, its justification
A		Correct answer: Primary syphilis. Hard chancre
Q	2	Question: What additional tests are needed to make a definitive diagnosis?
A		Correct answer: Detection of the pathogen. Immunological testing. Screening of contacts
Q	3	Question: What preventive measures against this disease are there?
A		Correct answer: Individual prevention.

Assessment criteria:

- "Pass" is given to a student who has completed the assignment in full, correctly analyzed the primary and secondary lesions, described the status localis and status specialis, presented the material competently with a clear sequence of presentation, and made the conclusions corresponding to the set goals and objectives;

- "Fail" is given to a student who has not completed the assignment in full, did not correctly analyze the primary and secondary lesions, presented the material carelessly, and made the conclusions that do not correspond to the goals and objectives.

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	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Male patient Y., 29 years old. Presents with: rash on the skin of the torso without subjective sensations. Anamnesis morbi: the rash first appeared 1 week prior. The last sexual intercourse was with an unfamiliar woman three months prior. Status localis: the process is widespread, inflammatory, symmetrical, localized on the skin of the torso, represented by abundant spots 0.5 cm in diameter, rounded outlines with unclear borders; these spots do not merge, the color is pink-red, do not cause the skin to flake, disappear when pressed. The available for palpation lymph nodes are enlarged to 2 cm by 1.5 cm, painless, tightly elastic in consistency, not fused with the surrounding tissues, the skin above them is not changed.
Q	1	Question: What diagnosis can be assumed? Name the diseases with which it is necessary to carry out a differential diagnosis.
Q	2	Question: What is the plan of patient examination?
Q	3	Question: What additional tests are needed to make a definitive diagnosis?
Q	4	Question: What is the doctor's tactic?
Q	5	Question: What preventive measures against this disease are there?

Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
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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	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease
F	A/02.7	Examination of the patient in order to make a diagnosis
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Male patient Y., 29 years old. Presents with: rash on the skin of the torso without subjective sensations. Anamnesis morbi: the rash first appeared 1 week prior. The last sexual intercourse was with an unfamiliar woman three months prior. Status localis: the process is widespread, inflammatory, symmetrical, localized on the skin of the torso, represented by abundant spots 0.5 cm in diameter, rounded outlines with unclear borders; these spots do not merge, the color is pink-red, do not cause the skin to flake, disappear when pressed. The available for palpation lymph nodes are enlarged to 2 cm by 1.5 cm, painless, tightly elastic in consistency, not fused with the surrounding tissues, the skin above them is not changed.
Q	1	Question: What diagnosis can be assumed? Name the diseases with which it is necessary to carry out a differential diagnosis.
A		Correct answer: 1. Secondary syphilis, fresh. 2. Toxicoderma 3. Pityriasis versicolor 4. Pityriasis rosea
Q	2	Question: What is the plan of patient examination?
A		Correct answer: 1. Microprecipitation blood test 2. Iodine test 3. Diascopy (vitropression)
Q	3	Question: What additional tests are needed to make a definitive diagnosis?
A		Correct answer: 1. ELISA 2. Treponema pallidum hemagglutination assay 3. Direct immunofluorescence blood test 4. Lymph node puncturing
Q	4	Question: What is the doctor's tactic?
A		Correct answer: 1. Examination of persons who were in sexual and close household contact with a patient with syphilis.

		2. Consultation with an ophthalmologist (for all patients with acquired syphilis) 3. Consultation with a neurologist (for all patients with acquired syphilis)
Q	5	Question: What preventive measures against this disease are there?
A		Correct answer: 1. Health and hygiene education 2. Screening of certain populations at increased risk of infection 3. Examination of persons who, if afflicted, can cause dangerous social and medical consequences 4. Conducting a comprehensive specific treatment followed by clinical and serological observation 5. Individual prevention by using barrier methods of contraception (condoms). 6. After accidental unprotected sexual intercourse, preventive measures can be carried out independently with the help of individual prophylactic agents (chlorhexidine bigluconate).
R2	Very good	more than 80% correct answers
R1	Good/Satisfactory	70-79% correct answers
R0	Fail	55-69% correct answers

Discussion / essay topics:

- Historical dates in the development of dermatovenereology
- Characteristics of staphylococci in HIV-infected patients
- Epidemiology of syphilis and other STIs in Primorsky Krai, the Russian Federation, and the world
- Characteristics of typical and atypical chancres, differential diagnosis;
- Modern methods of examination and treatment of patients with syphilis;
- Clinical features, diagnosis, and treatment of patients with congenital syphilis in infancy
- HIV-indicating infectious skin diseases

4. Assessment criteria for learning outcomes

"**Pass**" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"**Fail**" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.

Practical Skills Assessment Checklist

Practical Skill Name: Iodine test. Procedure and assessment of results

C	PC-3	Ability and readiness to collect and analyze complaints that a patient presents with, anamnestic data, examination results, results of laboratory and instrumental tests, biopsy and other studies in order to identify patient's condition or establish the presence or absence of a disease	
F	A/02.7	Examination of the patient in order to make a diagnosis	
	Action	Performed	Not Performed
1.	Examine the skin the patient in a warm, well-lit room under diffuse daylight and determine the localization of lesions	1 point	-1 point
2.	Examine the mucous membranes of the oral cavity, nose, pharynx, and vermilion surface (lips) and determine the localization of lesions	1 point	-1 point
3.	Identify lesions on the skin and mucous membranes	1 point	-1 point
4.	Perform the iodine test - apply 5% iodine alcohol tincture on the skin lesions and surrounding unaffected skin	1 point	-1 point
5.	Evaluate the color of the lesions	1 point	-1 point
6.	Give a conclusion. Assess the results of the test	1 point	-1 point
	Total	6 points	

Assessment criteria:

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

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