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

APPROVED BY
Head of the Department of
Ophthalmology and Otorhinolaryngology
_____ / Fedyashev G.A./
"18th" of June 2026

COLLECTION OF ASSESSMENT TOOLS
B1.C.24 Ophthalmology
of the basic educational program of Higher Education

Specialty	**31.05.03 Dentistry for foreign students (English-language program)** (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing health care in patients with dental pathology)
Mode of study	**Full-time**
Period of mastering the BEP	**5 years** (nominal length of study)
Department	of Ophthalmology and Otorhinolaryngology

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 31.05.03 Dentistry for foreign students (English-language program), profile 02 "Healthcare" (in the field of providing health care in patients with dental pathology).

(BEP HE for the 31.05.03 Dentistry for foreign students (English-language program) specialty, 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
		Checklists
2	**Interim assessment**	**Interview Questions**

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

1. Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		Example: **1. DAMAGE TO WHICH NERVE CAUSES LAGOPHTHALMOS?** +A) facial B) oculomotor C) abducent D) block **2. THE TYPE OF VISUAL FIELD IMPAIRMENT IN CHIASMA DEFECT IS** A) concentric narrowing of the peripheral boundaries +B) heteronymous hemianopsia C) homonymous hemianopsia D) central scotoma

3. WHAT IS THE TYPE OF ASTIGMATISM IF MYOPIA IS 3.0 DIOPTER IN TWO MERIDIANS?
A) mixed
B) simple
+C) complex
D) no astigmatism

4. EMERGENCY CARE FOR ORBITAL PHLEGMON INCLUDES
A) thermal procedures
B) local corticosteroids
+C) opening and drainage
D) orbital puncture

5. WHAT OPACITIES OF THE CORNEA OCCUR AFTER KERATITIS?
A) in the form of a cloud
B) in the form of a spot
C) a thorn
+D) all variants are correct

ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)

6. THE SYMPTOMS OF ACUTE IRIDOCYCLITIS INCLUDE
A) posterior synechiae
B) purulent discharge from the conjunctival cavity
+C) precipitates
+D) palpation ciliary pain

7. METHODS FOR CORRECTION OF UNILATERAL APHAKIA INCLUDE
+A) intraocular lens
B) cylindrical spectacle lens
C) spectacle spherical lens
+D) contact lens

8. WHAT MEDICATIONS ARE USED FOR THE TREATMENT OF PRIMARY OPEN ANGLE GLAUCOMA?
+A) beta blockers
+B) prostaglandin analogues
C) antibiotics
D) hormones

9. CLASSIFICATION OF RETINAL DETACHMENT INCLUDES
A) Granulomatous type
B) Infectious type
+C) Traction type
+D) Exudative type

10. ACUTE ATTACK OF PRIMARY ANGLE CLOSURE GLAUCOMA SHOULD BE DIFFERENTIATED WITH
A) Keratoconus
+B) Acute iridocyclitis
C) Cataract
+D) Keratitis

		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		11. MATCH CLINICAL SYMPTOMS WITH CORRESPONDING DEGREES OF EYEBALL CONTUSION A) 1st degree 1) choroidal rupture B) 2nd degree 2) hyphema C) 3rd degree 3) scleral rupture D) 4th degree 4) subconjunctival hemorrhage Correct answer: A-4, B-2, C-1, D-3 **12. MATCH DIFFERENT TYPES OF STRABISM AND THEIR CLINICAL MANIFESTATIONS** A) concomitant B) paralytic 1) mobility is preserved 2) mobility is limited or absent 3) the secondary deflection angle is equal to the primary 4) the secondary deflection angle is not equal to the primary one 5) diplopia 6) without diplopia Correct answer: A-1, 3, 6; B-2, 4, 5

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	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
I		**ANSWER THE QUESTIONS** 1. Ophthalmology and its importance among medical disciplines. Achievements of ophthalmology in the fight against blindness. 2. History of the development of ophthalmology. 3. Anatomy of the lacrimal organs. The mechanism of tear secretion, diagnosis. 4. External muscles of the eye, their innervation and functions. 5. Anatomy, innervation and functions, blood supply of the eyelids. 6. Anatomical and histological structure of the cornea. 7. The lens as the refractive medium of the eye. 8. Vitreous body, its functions. 9. Anatomy and physiology of the vascular tract. 10. Anatomical and physiological features of the retina and optic nerve. 11. Clinical anatomy of the orbit, methods of its study. 12. Central vision and the degree of its impairment.

		13. Color perception. Trichromatism of the human eye and the teachings of M.V. Lomonosov about color perception. 14. Peripheral vision: causes and types of its impairment. 15. Binocular vision. Its disorders, diagnosis. 16. Physical and clinical refraction of the eye, its anomalies. Units of measurement of refraction. 17. Types of clinical refraction of the eye (emmetropia, myopia, hypermetropia). 18. Myopia (classification, etiology, complications) and methods of its correction and stabilization. Prevention of myopia development. Treatment of progressive myopia. 19. Hypermetropia (degree, causes, treatment, prevention). 20. Accommodation and its disorder (spasm, paralysis). 21. Presbyopia and its correction depending on refractive error. 22. Astigmatism - types, methods of correction. 23. Concomitant strabismus: types, methods of diagnosis and treatment. 24. Amblyopia: types, methods of treatment. 25. Paralytic strabismus, causes, diagnosis and treatment. 26. Diseases of the eyelid margin: simple, scaly and ulcerative blepharitis, chalazion, stye. 27. Furuncle, abscess, phlegmon of the eyelid, differential diagnosis of these diseases with phlegmon of the orbit. 28. Diseases of the muscles of the eyelid. Lagophthalmos, ptosis. 29. Inflammatory diseases of the conjunctiva - symptoms, clinical picture, treatment. 30. Bacterial acute conjunctivitis (pneumococcal, diphtheria, blenorrheic). 31. Viral conjunctivitis (adenoviral, herpetic), clinical picture, treatment. 32. Allergic conjunctivitis, causes, treatment. 33. Chlamydial conjunctivitis (partrachoma, trachoma), clinical picture, treatment. 34. Degenerative diseases of the conjunctiva (pterygium, pinguecula). 35. Dry eye syndrome: classification, etiology, clinical picture, treatment. 36. Acute dacryocystitis, clinical treatment. 37. Chronic dacryocystitis. Mechanism of development, clinic, treatment (modern approaches). 38. Dacryocystitis of newborns, diagnosis, treatment. 39. Keratitis, etiology, clinical picture, treatment. 40. Creeping ulcer of the cornea. Clinic, treatment. 41. Clinic and treatment of herpetic keratitis. 42. Clinic and treatment of adenoviral keratoconjunctivitis. 43. Keratoplasty, types, indications and contraindications. 44. Parenchymal keratitis (tuberculous, syphilitic), clinical picture, treatment. 45. Primary corneal dystrophies. 46. Keratectasia (keratoconus, marginal pellucid degeneration). Etiology, clinical picture, treatment. 47. Sclerites. Etiology, clinical picture, treatment. 48. Uveitis, etiology, classification, general symptomatology, treatment. 49. Outcomes and treatment of consequences of anterior uveitis. 50. Acute chorioretinitis, etiology, clinical picture, diagnosis, treatment. 51. Differential diagnosis of acute iridocyclitis and acute attack of glaucoma. 52.Classification of cataracts. 53. Congenital cataracts: tactics and choice of treatment method. 54. Senile cataract. Stages, treatment depending on the stage of the disease. 55. Modern methods of treating senile cataracts (phacoemulsification, femtosecond cataract extraction).

		56. Aphakia. Diagnostics and principles of correction. Modern methods of correction of aphakia. 57. Glaucoma: definition, classification. 58. Angle-closure glaucoma, its treatment (treatment features). 59. Open-angle glaucoma, diagnosis, treatment. 60. Secondary glaucoma, causes, treatment. 61. Early diagnosis of glaucoma. 62. Surgical treatment of glaucoma. 63. Acute attack of glaucoma. Mechanism of occurrence, emergency care, treatment. 64. Congenital glaucoma: etiology, classification, diagnosis, treatment. 65. Classification of eye injuries. Eye contusions and their consequences. 66. Clinic of penetrating eye wounds and first aid for them. Chalcosis and siderosis. Diagnosis and methods for removing foreign bodies from the eye. 67. Types of traumatic iridocyclitis (serous, purulent, fibrinous-plastic). Sympathetic ophthalmia. 68. Thermal burns of the eyes. Emergency assistance for them. Pre-ophthalmic care and special treatment. 69. Panophthalmitis, clinic, diagnosis, treatment. 70. Chemical burns of the eyes, emergency care for them. 71. Enculation and evisceration. Indications and contraindications. 72. Main symptoms of orbital disease. Diagnostic methods. 73. Phlegmon of the orbit. 74. Superior orbital fissure syndrome. 75. Fractures of the orbital walls: types, clinical picture, diagnosis, treatment. 76. Diabetic retinopathy: etiology, classification, diagnosis, treatment principles. 77. Hemorrhage into the vitreous body (hemophthalmos). Causes and treatment. 78. Retinal detachment: classification, clinical picture, treatment. 79. Changes in the fundus of the eye in hypertension. Classification by M. M. Krasnov. 80. Acute vascular obstruction of the central retinal artery. 81. Thrombosis of the central retinal vein. 82. Primary optic nerve atrophy, causes, clinical picture, treatment. 83. Secondary optic nerve atrophy, causes, clinical picture, treatment. 84. Optic neuritis, causes, clinical picture, diagnosis, treatment. 85. Congestive optic disc. Causes, clinic, diagnosis. 86. Age-related macular degeneration: etiology, classification, diagnosis, modern principles of treatment. 87. Retinal pigment abiotrophy: etiology, classification, diagnosis and treatment. 88. Retinopathy of prematurity: etiology, classification, principles of treatment. 89. Tumors of the orbit. Clinic, diagnosis, treatment. 90. Choroidal tumors and their treatment. 91. Retinoblastoma. Clinic, diagnosis, treatment. 92. New in the treatment of intraocular neoplasms (chemotherapy, gamma knife, TTT).

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

Standardized case studies and checklists for the **B1.C.24 Ophthalmology** course

Case Study No.1

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A patient, a 45-year-old man, came to the eye emergency room with complaints of a sharp decrease in vision in the left eye, pain in the left eye. From the anamnesis: was at the farm, the whole previous day he had been working in the garden. After prolonged working while bent down, pain appeared in the left eye, radiating to the area of the jaw and left temple, nausea, and vision sharply decreased. He sought medical help a few hours after the complaints began. He did not treat himself. Objectively: visual acuity of the right eye = 1.0 without correction, of the left eye – correct light projection. Intraocular pressure: right eye - palpation is normal, left eye - palpation hypertonicity. On examination, the right eye without pathology. Left eye – corneal edema, congestive injection. The anterior chamber of the left eye is small, slit-like, the aqueous humor of the anterior chamber is transparent. The iris is not visible in detail due to corneal edema, protrudes anteriorly. The lens of the left eye is partially cloudy. Fundus reflex is pink. The fundus on the left eye is not ophthalmoscoped in detail due to changes in the optical media. Ultrasound of the left eye: anterior-posterior axis = 21.5 mm. Lens thicknes = 4.3 mm. The depth of the anterior chamber is 2.1 mm. There is moderate destruction in the vitreous body. The retina is attached.
Q	1	Question: What is the preliminary diagnosis?
Q	2	Question: Differential diagnosis with which diseases should be carried out, justify
Q	3	Question: What ophthalmological examination methods are necessary to confirm the diagnosis and why?
Q	4	Question: Justify the tactics recommended for the treatment of this condition

Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	GPC-5	Able to examine a patient and make a diagnosis
C	GPC-6	Able to administer and control the effectiveness and safety of non-pharmacological and pharmacological therapies
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A patient, a 45-year-old man, came to the eye emergency room with complaints of a sharp decrease in vision in the left eye, pain in the left eye.

		From the anamnesis: was at the farm, the whole previous day he had been working in the garden. After prolonged working while bent down, pain appeared in the left eye, radiating to the area of the jaw and left temple, nausea, and vision sharply decreased. He sought medical help a few hours after the complaints began. He did not treat himself. Objectively: visual acuity of the right eye = 1.0 without correction, of the left eye – correct light projection. Intraocular pressure: right eye - palpation is normal, left eye - palpation hypertonicity. On examination, the right eye without pathology. Left eye – corneal edema, congestive injection. The anterior chamber of the left eye is small, slit-like, the aqueous humor of the anterior chamber is transparent. The iris is not visible in detail due to corneal edema, protrudes anteriorly. The lens of the left eye is partially cloudy. Fundus reflex is pink. The fundus on the left eye is not ophthalmoscoped in detail due to changes in the optical media. Ultrasound of the left eye: anterior-posterior axis = 21.5 mm. Lens thicknes = 4.3 mm. The depth of the anterior chamber is 2.1 mm. There is moderate destruction in the vitreous body. The retina is attached.
Q	1	Question: What is the preliminary diagnosis?
A		Correct answer: Acute attack of primary angle-closure glaucoma
R2	Very good	Complete detailed answer is given, which is 100% correct answer
R1	Good/Satisfactory	Primary angle-closure glaucoma (not a complete detailed answer is given, which is 75% of the correct answer) Acute attack of glaucoma (not a complete answer was given, which is 60% of the correct answer)
R0	Fail	An incorrect answer to the question is given or less than 30% of the correct answer is indicated
Q	2	Question: Differential diagnosis with which diseases should be carried out, justify
A		Correct answer: 1. With keratitis, because there are signs of involvement of the cornea in the pathological process, pain in the eye, eye injection; 2. With acute iridocyclitis, because there is pain in the eye, eye injection, hypertonicity of the eye, as well as sudden onset of the disease
R2	Very good	Complete detailed answer is given, which is 100% correct answer
R1	Good/Satisfactory	Not a complete detailed answer is given, which is 75% of the correct answer Not a complete answer is given, which is 60% of the correct answer
R0	Fail	An incorrect answer to the question is given or less than 30% of the correct answer is indicated
Q	3	Question: What ophthalmological examination methods are necessary to confirm the diagnosis and why?
A		Correct answer: 1. Collecting a life history - with the aim of identifying factors that may influence the choice of treatment and management tactics; 2. Determination of eye refraction - the possibility of neutralizing refractive error for computer perimetry. PACG is more often combined with hypermetropia; 3. Ultrasound biometry of the eye - to determine the size of the

		anteroposterior axis of the eye and quantify the depth of the anterior chamber of the eye; 4. Ophthalmotonometry - to assess the initial level of intraocular pressure, for further assessment of the effectiveness of the treatment aimed at reducing it; 5. Biomicroscopy of the eye - to assess the condition of the media and structures of the eye, determining the depth of the ACA using the Van Herik method; 6. Gonioscopy – objective determination of the state of the ACA (degree of opening, pigmentation, Forbes test, presence of anterior synechiae, neovascularization / rubeosis of the iris, goniodysgenesis) to confirm the diagnosis, as well as determine further treatment tactics and management of the patient; 7. Ultrasound biomicroscopy of the eye - determination of the state of the irido-lenticular diaphragm, the depth of the anterior chamber of the eye, the ligamentous apparatus of the lens to differentiate the type of primary angle-closure glaucoma. 8. Computer perimetry (after relief of an acute attack) - to confirm and determine the severity of the disease;
R2	Very good	Complete detailed answer is given, which is 100% correct answer
R1	Good/Satisfactory	Not a complete detailed answer is given, which is 75% of the correct answer Not a complete answer is given, which is 60% of the correct answer
R0	Fail	An incorrect answer to the question is given or less than 30% of the correct answer is indicated
Q	4	Question: Justify the tactics recommended for the treatment of this condition
A		Correct answer: Activities recommended for the treatment of an acute attack of PACG 1. Place the patient on a horizontal surface. 2. Instill brimonidine 0.15% or 0.2%, 1 drop each, timolol 0.5% or betaxolol 0.5%, 1 drop each, dorzolamide 2.0% or brinzolamide 1.0%, 1 drop each, into the affected eye once (in the absence of systemic contraindications to their use). 3. Give acetazolamide tablet 250-500 mg orally (with caution in patients with urolithiasis). 4. Instill dexamethasone 0.1% into the sore eye, 1-2 drops three times with an interval of 5 minutes. 5. When the IOP level is below 40 mm Hg. drip 1-2 drops of pilocarpine 1% into the affected eye 2-3 times within an hour. 6. Instill 1-2 drops of pilocarpine 1% or 2% once into the fellow eye. 7. Therapeutic compression of the cornea with a 4-mirror gonioscope for 20 seconds. 8. If there is no tendency to relieve an acute attack, mannitol solution 15.0% is administered intravenously for at least 30 minutes at a dose of 1.5-2 g/kg body weight. 9. Analgesics and/or antipyretics and antiemetics in the presence of pain and nausea (every 4 hours). 10. Laser iridectomy after relief of an acute attack and corneal edema. 11. Gonioscopy with compression to assess the extent of closure of the ACA to decide on further treatment tactics.
R2	Very good	Complete detailed answer is given, which is 100% correct answer

R1	Good/Satisfactory	Not a complete detailed answer is given, which is 75% of the correct answer Not a complete answer is given, which is 60% of the correct answer
R0	Fail	An incorrect answer to the question is given or less than 30% of the correct answer is indicated

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.

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Eversion of the upper eyelid

C	GPC-5	Able to examine a patient and make a diagnosis		
WA	Work activities as part of the function: Collecting complaints, medical history and life history of the patient. Conducting a complete physical examination of the patient. Formulating a preliminary diagnosis and drawing up a plan for laboratory and instrumental examinations of the patient.			
	Action		Performed	Not Performed
1.	Introduce oneself. Inform about the need for manipulation and its purposes, explain the process of manipulation.		0,5 point 0,5 point	- 0,5 point - 0,5 point
2.	Check the availability of equipment for the manipulation: examination disposable gloves, glass rod (or cotton swab);		1 point	- 1 point
3.	Create good lighting conditions: position the patient facing a window, or next to an artificial light source, or behind a slit lamp		1 point	- 1 point
4.	Treat hands: - wash hands with soap; - dry with disposable towels; - treat with a skin antiseptic; - wear disposable gloves;		 0,5 point 0,5 point 0,5 point 0,5 point	 - 0,5 point - 0,5 point - 0,5 point - 0,5 point
5.	- Ask the patient to look down during the examination; - With the thumb and index finger of the right hand, grab the eyelashes of the upper eyelid (or the edge of the eyelid if there are no eyelashes) when the patient looks down; - Pull the eyelid slightly downwards and anteriorly; - Place a glass rod (or a cotton swab) on the patient's upper eyelid, at the level of the upper edge of the cartilage (approximately 1.5 cm from the free edge of the eyelid); - Turn out the upper eyelid so that the surface of the conjunctiva faces anteriorly.		1 point 1 point 1 point 1 point 1 point	- 1 point - 1 point - 1 point - 1 point - 1 point
6.	Assess the condition of the conjunctiva (presence of edema, injection, discharge), as well as the presence or absence of foreign bodies;		1 point	- 1 point
7.	Make a conclusion.		1 point	- 1 point
	Total		12 points	

Assessment criteria:
"Pass" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed