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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.33 Phthisiology 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 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	Tests
		Interview questions
		Mini-Case Studies

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

Tests for continuous 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	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-6	Ability and readiness to select a type of patient routing based on current medical care procedures

C	PC-9	Ability and readiness to monitor fulfillment of job duties by subordinate medical personnel and use information and communication technologies in their professional activities
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/06.7	Medical records management, management of activities of subordinate medical personnel
I		ANSWER TEST QUESTIONS
		1. The main methods of detecting tuberculosis in children are 1) mass tuberculin diagnostics 2) fluorography 3) examination of risk groups for tuberculosis 4) examination of persons who made a phthisiatrist appointment for tuberculosis 5) sputum examination at the doctor's office 2. The main method of detecting tuberculosis in adolescents is 1) tuberculin diagnostics 2) contact examination 3) fluorography 4) sputum examination for MBT 3. Mass tuberculin diagnostics among children should be carried out 1) once per 6 months 2) once per 1 year 3) 4 times per 1 year 4) once every two years 4. Fluorographic (X-ray) examination of adolescents should be carried out 1) once per 1 year 2) once every 2 years 3) 2 times per 1 year 4) depending on the epidemiological situation and career guidance of the adolescent 5) once every 3 years 5. Systematic fluorographic (X-ray) examination of the population for tuberculosis is carried out starting from 1) 10 years of age 2) 12 years of age 3) 15 years of age 4) 18 years of age 5) age determined by the epidemic situation 6. The main groups of children at risk of contracting tuberculosis do NOT include 1) children not vaccinated with BCG vaccine 2) children born prematurely, children who are ill often or long-term 3) children living in foci of tuberculosis infection 4) children who do not have a post-vaccination mark 5) children who have had tuberculosis 7. "At-risk" for tuberculosis groups of adolescents do NOT include 1) those who have previously had local tuberculosis 2) those who have been infected for a long time 3) those living in foci of tuberculosis infection 4) smokers 5) those who work and play sports

Assessment criteria

“Very good” – 91-100% correct answers of questions of every level

“Good” - 80-90% correct answers of questions of every level

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

“Unsatisfactory” - less than 69% correct answers of questions of every level

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.01	General Medicine (English-language program)
C	GPC-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-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-9	Ability and readiness to monitor fulfillment of job duties by subordinate medical personnel and use information and communication technologies in their professional activities
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/06.7	Medical records management, management of activities of subordinate medical personnel
I		ANSWER THE QUESTIONS
		1. TB sanatorium, structure, objectives. 2. Sanitary and epidemiological regimen in anti-tuberculosis institutions. Deontology in phthisiology. Aspects of examination of a patient with tuberculosis. 3. Clinical classification of tuberculosis, formation of a clinical diagnosis of a tuberculosis patient 4. Diagnosis of tuberculosis: laboratory and immunological methods, tuberculindiagnostics 5. Diagnosis of tuberculosis: X-ray and instrumental methods, functional methods of diagnosing tuberculosis. 6. Rules for describing chest X-rays for tuberculosis. 7. Main clinical symptoms of tuberculosis 8. Features of writing a medical history of a tuberculosis patient. 9. Primary forms of tuberculosis: pathogenesis, diagnosis, clinical manifestation, treatment. 10. Differential diagnosis of tuberculosis

	11. Disseminated pulmonary tuberculosis: pathogenesis, clinic, diagnosis, clinical course options. 12. Focal tuberculosis of the lungs, variants of disease progression, pathogenesis, clinical manifestation, diagnosis, determination of the activity of fibro-focal tuberculosis of the lungs 13. Infiltrative tuberculosis of the lungs. 14. Features of the clinical progression and outcomes of various types of infiltrates in infiltrative tuberculosis. 15. Pulmonary tuberculosis: diagnosis, clinic, treatment. 16. Chronic destructive forms of pulmonary tuberculosis, pathogenesis of cavern formation. 17. Diagnosis, clinical manifestation, aspects of treatment of chronic tuberculosis. 18. Complications of respiratory tuberculosis. 19. Tuberculosis pleurisy and extrapulmonary forms of tuberculosis (osteoarticular, urogenital). Clinical manifestation, modern methods of diagnosis and treatment. 20. Combinations of antituberculous medications, main regimens and stages of treatment of patients. Indications for specific treatment. 21. General principles and methods of treatment of respiratory tuberculosis 22. Surgical methods and sanatorium treatment. 23. Basic principles of emergency conditions in phthisiology. 24. Tuberculosis prevention: social, specific, and sanitary. Indications for the appointment of preventive treatment. Rehabilitation of "hotbeds of tuberculosis infection" and workplaces of tuberculosis patients. 25. Work of the general medical network for early detection and prevention of tuberculosis. 26. Groups of people with an increased risk of tuberculosis, methods of examination of these individuals and methods of preventive measures
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Standardized case studies and checklists for **B1.C.33 Phthisiology** 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-6	Ability and readiness to select a type of patient routing based on current medical care procedures
C	PC-9	Ability and readiness to monitor fulfillment of job duties by subordinate medical personnel and use information and communication technologies in their professional activities
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/06.7	Medical records management, management of activities of subordinate medical personnel
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient G., 48 years old hospitalized to the therapeutic department with complaints of general weakness, sweating, pain in the right side of the chest, shortness of breath during physical exertion, fever. He was ill for 2 weeks, the district therapist diagnosed ARVI, the treatment carried out during the week did not bring any effect, and the patient was sent for inpatient treatment with a diagnosis of Pneumonia. Traditional anti-inflammatory treatment of community-acquired pneumonia has been initiated. X-ray examination revealed fluid in the right pleural cavity 10 days after the start of hospital treatment. During pleural puncture, 350 ml of serous exudate was removed, containing: lymphocytes up to 80.0%, protein-42 g/L with positive sedimentary samples. The following drugs were added to the treatment: prednisone, kefzol, antipyretics. With repeated X-ray examination, there is less exudate.
Q	1	Question: What, in your opinion, is the etiology of the disease?
Q	2	Question: At what stages of follow-up care were medical errors made?
Q	3	Question: What additional research methods will confirm the diagnosis?
Q	4	Question: At what stage of follow-up care is it necessary to consult a phthisiatrician?
Q	5	Question: The results of what examination methods are required for this consultation?
Q	6	Question: What mistakes were made in the patient's treatment strategy?
Q	7	Question: What is the timeframe of the fluorographic examination from the moment of the patient's treatment, and what directive document defines it?

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.