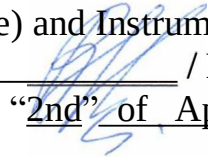


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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Director of the Institute of Therapy (Internal
Medicine) and Instrumental Diagnostics

 / Nevzorova V.A./
“2nd” of April 2026

COLLECTION OF ASSESSMENT TOOLS

B2.C.10(P) Practical training in the field of therapy (internal medicine) 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	Practical training log
		Practical skills assessment
2	Interim assessment	Practical training log
		Tests

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

3.1. Test 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	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
F	A/02.7	Examination of the patient in order to make a diagnosis
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. MORPHINE AND DROPERIDOL WERE ADMINISTERED FOR A SECOND TIME TO RELIEVE PROLONGED ANGINAL PAIN IN A PATIENT WITH MYOCARDIAL INFARCTION. THE MOST SERIOUS SIDE EFFECT OF THESE MEDICATIONS IS +a) depression of the respiratory center b) nausea

		c) stomach bloating d) drowsiness 2. THE MOST SIGNIFICANT RISK FACTOR FOR THE DEVELOPMENT OF CHRONIC BRONCHOPULMONARY DISEASES IS +a) smoking b) frequent viral respiratory tract infections c) air pollution d) bronchial hyperreactivity 3. THE MOST CHARACTERISTIC FOR STAGE II STATUS ASTHMATICUS IS +a) the beginning of the "silent chest" syndrome b) development of tachycardia and hypotension c) cyanosis d) development of respiratory alkalosis 4. PRIMARY RATIONAL TREATMENT OF STAGE III STATUS ASTHMATICUS IS +a) transfer of the patient to artificial ventilation b) oral administration of prednisolone > 1000 mg/day c) administration of sputum thinning agents d) administration of cardiac glycosides 5. THE MOST EFFECTIVE METHOD OF VERIFYING LEFT VENTRICULAR MYOCARDIAL HYPERTROPHY IS +a) echocardiography (cardiac ultrasound) b) ECG c) cardiac stress test (bicycle ergometry) d) coronary angiography 6. THE MOST LIFE-THREATENING COMPLICATION OF PNEUMONIA IS +a) toxic shock syndrome b) lung abscess c) pleurisy d) pericarditis 7. TREATMENT WITH ANTIBIOTICS IN PATIENT WITH PNEUMONIA SHOULD CONTINUE +a) up to 4-5 days of persistent normal body temperature b) until the temperature normalizes c) until complete resorption of the pulmonary infiltrate d) until ESR normalizes 8. WHAT IS THE COMPLICATION OF ATRIAL FIBRILLATION? +a) thromboembolic syndrome b) myocardial infarction c) hypertensive crisis d) acute right ventricular failure 9. A PATIENT WITH HEART PALPITATIONS WAS BROUGHT TO THE EMERGENCY ROOM. PATIENT EXAMINATION REVEALED
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PULSE DEFICIENCY. WHICH RHYTHM DISTURBANCE CORRESPONDS TO THIS PHENOMENON?

- +a) atrial fibrillation
- b) sinus arrhythmia
- c) atrial extrasystole
- d) wandering atrial pacemaker

10. WHAT METHOD HELPS TO VERIFY CORONARY INSUFFICIENCY IN A PATIENT WITHOUT CLEAR CLINICAL SIGNS?

- +a) coronary angiography
- b) resting ECG
- c) ECG with bicycle ergometry
- d) echocardiography

11. WHAT IS THE MOST COMMON CLINICAL SYMPTOM OF PULMONARY ALVEOLAR EDEMA?

- +a) foamy, pink sputum
- b) wet rales in the lungs
- c) dry rales in the lungs
- d) mixed type asphyxiation

12. ON THE FIRST DAY OF Q-WAVE MYOCARDIAL INFARCTION THE PATIENT SUDDENLY LOST CONSCIOUSNESS AND STARTED SNORING. WHAT DO YOU SUSPECT?

- +a) ventricular fibrillation
- b) PE
- c) dissecting aortic aneurysm
- d) acute left ventricle failure

13. BLOOD CHANGE CHARACTERISTIC OF ACUTE MYOCARDIAL INFARCTION IS

- +a) increased troponin levels
- b) increased amylase activity
- c) reduced De Ritis ratio
- d) increased gamma-glutamyltransferase activity

14. ASSESSMENT OF THE EFFECTIVENESS OF INITIAL ANTIBACTERIAL THERAPY IS CARRIED OUT _____ HOURS FROM THE MOMENT OF THE BEGINNING OF TREATMENT

- +a) 48-72
- b) 12-24
- c) 25-36
- d) 6-11

15. OPTIMAL CHOLESTEROL CONCENTRATION FOR HEALTHY INDIVIDUALS IS

- +a) below 5 mmol/L
- b) below 6 mmol/L
- c) below 7 mmol/L
- d) below 8 mmol/L

16. A TYPICAL FORM OF MYOCARDIAL INFARCTION IS

- +a) anginous

- b) cerebral
- c) arrhythmic
- d) asthmatic

17. POSTINFARCT PERIOD IS CHARACTERIZED BY _____ ON ECG

- +a) deep Q-waves
- b) monophasic curve
- c) two-phase R-wave
- d) negative P-wave

18. FOR THE DIAGNOSIS OF THE FUNCTIONAL CLASS OF CHRONIC HEART FAILURE, THE SIMPLEST AND MOST INFORMATIVE METHOD IS

- +a) the 6-Minute Walk Test (6-MWT)
- b) weighting
- c) echocardiography
- d) cardiac stress test (bicycle ergometry)

19. MAIN SIGN OF INFECTIVE ENDOCARDITIS ON ECHOCARDIOGRAPHY IS

- +a) presence of vegetations on cusps (flaps)
- b) left ventricular aneurysm
- c) aortic regurgitation
- d) aortic stenosis

20. THE INDICATIONS FOR THE ADMINISTRATION OF CORTICOSTEROIDS IN PATIENTS WITH ACUTE GLOMERULONEPHRITIS INCLUDE

- +a) acute nephritic syndrome
- b) acute renal failure
- c) chronic renal failure
- d) urinary syndrome

21. IF SYNCOPES, PALLOR, RASPING SYSTOLIC MURMUR IN THE 2ND INTERCOSTAL SPACE ON THE RIGHT ARE DETECTED, ONE SHOULD THINK ABOUT

- +a) aortic stenosis
- b) mitral insufficiency
- c) mitral stenosis
- d) aortic insufficiency

22. CYTOLYSIS SYNDROME IN PATIENTS WITH CHRONIC HEPATITIS OF ANY ETIOLOGY IS CHARACTERIZED BY

- +a) increased transaminases
- b) increased alkaline phosphatase level
- c) increased cholesterol levels
- d) increased direct bilirubin levels

23. HEPATIC CELL FUNCTION IN CIRRHOSIS OF THE LIVER IS ASSESSED USING THE

- +a) Child-Pugh score
- b) Wilson-Konovalov score
- c) Budd-Chiari score

		d) Shereshevsky – Turner score 24. LEADING CRITERION OF NEPHROTIC SYNDROME IS +a) proteinuria > 3.5 g/L in combination with hypoalbuminemia b) proteinuria > 3.5 g/L in combination with hyperalbuminemia c) appearance of Bence Jones protein in urine d) proteinuria < 3.5 g/L in combination with hypoalbuminemia 25. A KEY DIAGNOSTIC METHOD FOR PNEUMONIA IS +a) chest X-ray b) fiberoptic bronchoscopy c) computed tomography d) assessment of external respiration function 26. THE MAIN PHARMACOLOGICAL METHOD OF PATHOGENETIC TREATMENT OF ST-ELEVATION MYOCARDIAL INFARCTION IN PATIENTS ARRIVING WITHIN FIRST 6 HOURS FROM THE ONSET OF THE DISEASE IS +a) thrombolytic therapy b) intravenous heparin infusion c) intravenous infusion of selective beta-blockers d) intravenous nitroglycerin infusion 27. INCREASED CONCENTRATION OF TROPONINS IN PATIENTS WITH MYOCARDIAL INFARCTION IS DETECTED DURING THE FIRST +a) 7-14 days b) 3-5 days c) 12-24 hours d) 2-3 months 28. IN PATIENTS WITH CHD, POSTINFARCT CARDIOSCLEROSIS, LONG-TERM ADMINISTRATION OF LOW DOSES OF ACETYLSALICYLIC ACID +a) reduces the risk of recurrent MI b) reduces the risk of recurrent MI only in men c) does not affect prognosis d) recommended only for patients with concomitant type 2 diabetes mellitus 29. A CARDIOSPECIFIC ISOENZYME IS +a) creatine phosphokinase MB b) aspartate transaminase c) creatine phosphokinase BB d) lactate dehydrogenase-3 30. PENETRATION OF THE ULCER INTO THE PANCREAS LEADS TO INCREASE IN THE LEVEL OF +a) amylase b) lipase c) glucose d) alkaline phosphatase
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	31. A RELIABLE SIGN OF THE DIFFERENCE BETWEEN THE FIRST STAGE OF STATUS ASTHMATICUS AND AN ATTACK OF BRONCHIAL ASTHMA IS +a) refractoriness to the use of inhaled beta-2-agonists b) cyanosis of the nasolabial triangle c) whistling rales on auscultation d) change in hemodynamic parameters 32. SIGN MANDATORY FOR VERIFICATION OF PNEUMONIA DIAGNOSIS IS +a) focal-infiltrative changes according to the results of X-ray examination b) fever c) moist rales (fine crackles) or crepitation on auscultation d) leukocytosis or leukopenia in the complete blood count 33. THE MOST IMPORTANT CRITERIUM FOR THE DIAGNOSIS OF NEPHROTIC SYNDROME IS +a) daily proteinuria more than 3.5 g b) serum albumin below 30 g/L c) hypercholesterolemia d) edema 34. PYELONEPHRITIS IS DISTINGUISHED FROM OTHER INTERSTITIAL KIDNEY INJURY BY THE PRESENCE OF +a) edema and neutrophilic infiltration of the kidney pelvis b) persistent hypertension c) development of a "salt-wasting kidney" with arterial hypotension d) pronounced uremic intoxication 35. REDUCTION OF KIDNEY SIZE, DEFORMATION OF THE PELVICALYCEAL SYSTEM, UNEVEN CONTOURS OF MINOR CALICES, OBLITERATION OF SMALL VESSELS OF THE CORTICAL SUBSTANCE OF THE KIDNEY ARE MOST CHARACTERISTIC OF +a) nephrosclerosis b) kidney tuberculosis c) renal hypoplasia d) renal tumor 36. PEAKFLOWMETRY ALLOWS ONE TO +a) assess variability of the PEF over time b) assess the function of external respiration in children under 2 years of age c) assess FVC d) assess FEV1 37. CHARACTERISTIC CHANGE IN SPIROMETRIC INDICATORS OF PATIENTS DURING EXACERBATION OF BRONCHIAL ASTHMA IS +a) decreased forced expiratory volume in 1 second b) reduced forced vital capacity of the lungs c) increased Tiffeneau index d) decrease in inspiratory power
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38. THE "GOLD STANDARD" FOR THE DIAGNOSIS OF LIVER CIRRHOSIS IS

- +a) liver biopsy
- b) splenoportometry
- c) liver scintigraphy
- d) abdominal ultrasound

39. ABSOLUTE CONTRAINDICATION TO BRONCHOSCOPY IS

- +a) stroke
- b) foreign body in bronchi
- c) community-acquired pneumonia
- d) bronchogenic cancer with metastases

40. FIBEROPTIC BRONCHOSCOPY ALLOWS ONE TO DIAGNOSE

- +a) central lung cancer
- b) bronchial asthma
- c) lung abscess
- d) lung cysts

41. HOSPITAL-ACQUIRED PNEUMONIA DEVELOPS AFTER _____ HOURS OF HOSPITAL STAY

- +a) 48h
- b) 24h
- c) 1h
- d) 6-8 h

42. THE MAIN DIAGNOSTIC METHOD(S) ALLOWING ONE TO DETECT A LUNG CYST IS/ARE

- +a) X-ray and computed tomography of the lung
- b) bronchoscopy
- c) bronchography
- d) radioisotope scanning of the lungs

43. METABOLIC LEADING TO HIGHEST PREDISPOSITION TO THE DEVELOPMENT OF OSTEOARTHRITIS IS

- +a) obesity
- b) dyslipidemia
- c) hyperthyroidism
- d) acromegaly

44. BASELINE TREATMENT OF ASTHMA INCLUDES

- +a) anti-leukotriene medications
- b) antihistamines
- c) cromoglycates
- d) mucolytics

45. THE TARGET BLOOD PRESSURE LEVEL IN MOST PATIENTS WITH HYPERTENSION IS

- +a) below 140/90 mm Hg
- b) below 120/70 mm Hg
- c) below 130/80 mm Hg
- d) below 150/90 mm Hg

	46. INDICATIONS FOR HOSPITALIZATION OF PATIENTS WITH ARTERIAL HYPERTENSION INCLUDE +a) hypertension resistant to combination therapy b) hypertension detected in a patient under the age of 20 years c) hypertension in a patient over 65 years of age d) detection of cardiomegaly in a patient with hypertension 47. STAGE I ARTERIAL HYPERTENSION ACCORDING TO THE CLASSIFICATION RECOMMENDED BY WHO EXPERTS IS USED TO DESCRIBE +a) systolic BP 140-159 mm Hg, diastolic BP 90-99 mm Hg b) systolic BP below 140 mm Hg, diastolic BP below 90 mm Hg c) systolic BP 140-150 mm Hg, diastolic BP 94-100 mm Hg d) systolic BP 160-180 mm Hg, diastolic BP 94-100 mm Hg 48. SKIN OF PATIENTS IN CARDIOGENIC SHOCK IS +a) pale, moist b) cyanotic, dry c) pale, dry d) pink, moist 49. TRUE CARDIOGENIC SHOCK IS CHARACTERIZED BY +a) metabolic acidosis b) metabolic alkalosis c) either acidosis or alkalosis d) lack of significant changes in the acid-base equilibrium 50. THROMBOENDOCARDITIS ASSOCIATED WITH MYOCARDIAL INFARCTION IS MORE LIKELY TO DEVELOP +a) if a left ventricular aneurysm develops b) in case of prolonged bed rest c) in case of unnecessarily early mobilization of patients d) in case of papillary muscle dysfunction 51. THE MOST EFFECTIVE METHOD FOR DIAGNOSING VASORENAL HYPERTENSION IS +a) renal arteriography b) renal ultrasound c) radioisotope renography d) renal scintigraphy 52. INDICATORS OF RESPIRATORY FUNCTION THAT CHARACTERIZE SEVERE COPD INCLUDE +a) $FEV_1/FVC < 0.70$; $FEV_1 < 30\%$ of due or $FEV_1 < 50\%$ of due in combination with chronic respiratory failure b) $FEV_1/FVC < 0.70$; $FEV_1 > 60\%$ of due c) $FEV_1/FVC < 0.70$; $50\% < FEV_1 < 70\%$ of due d) $FEV_1/FVC < 0.70$; $60\% < FEV_1 < 80\%$ of due 53. ONE OF THE MAIN CLINICAL CRITERIA FOR CHRONIC KIDNEY DISEASE IS +a) albuminuria/proteinuria b) decreased concentration function of the kidneys c) hematuria
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		d) cylindruria 54. PATIENTS WITH HYPERTENSION INDICATED FOR NON-PHARMACEUTICAL BLOOD PRESSURE CONTROL INCLUDE +a) young patients with 6-12 months of stage I hypertension b) patients with hypertension and damage to target organs c) patients with a coronary risk of 20% or more while maintaining blood pressure within 140/90 mm Hg and above d) patients with a coronary risk of less than 20% while maintaining blood pressure above 160/95 mm Hg 55. MEDICATIONS IMPROVING PROGNOSIS IN PATIENTS WITH CORONARY HEART DISEASE WHO HAVE UNDERGONE MYOCARDIAL INFARCTION INCLUDE +a) beta-blockers b) nitrates c) dihydropyridine calcium antagonists d) digoxin 56. ADMINISTRATION OF DIRECT ANTICOAGULANTS IS INDICATED +a) in all patients with acute myocardial infarction b) only in patients with anterior myocardial infarction c) only in patients with large-focal myocardial infarction d) only in patients with myocardial infarction and a history of thrombophlebitis of the lower extremities 57. HEART RATE REDUCTION IN PATIENTS WITH MYOCARDIAL INFARCTION AND PAROXYSMAL ATRIAL FIBRILLATION CAN BE PERFORMED USING +a) beta-blockers b) ivabradine c) cardiac glycosides d) propafenone 58. INITIAL DOSE OF DOPAMINE IN A PATIENT WITH MYOCARDIAL INFARCTION IS +a) 5 µg/kg/min b) 10 µg/kg/min c) 100 µg as a bolus injection d) 2 µg/kg/min 59. THE MOST PROVEN EFFECT OF ANTICOAGULANTS IN PATIENTS WITH MYOCARDIAL INFARCTION IS +a) reduced incidence of thromboembolic events b) antianginal effect c) limiting the zone of the infarction d) reduced incidence of re-infarction 60. IN PATIENTS WHO HAVE HAD MYOCARDIAL INFARCTION, PROLONGED USE OF ASPIRIN +a) reduces the incidence of sudden death and recurrent myocardial infarction b) does not affect prognosis
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		c) reduces the risk of recurrent myocardial infarctions only in women d) may have the beneficial effect as an antiplatelet agents, but it has not been proven 61. SIDE EFFECTS OF STATIN THERAPY INCLUDE +a) myopathy b) thyroid dysfunction c) headaches d) erectile dysfunction 62. IN ORDER TO MONITOR THE SAFETY OF STATIN THERAPY, IT IS NECESSARY TO EVALUATE THE LEVEL OF +a) creatine phosphokinase b) troponin c) alkaline phosphatase d) amylase 63. THE TEST METHOD CRITICAL IN THE DIFFERENTIAL DIAGNOSIS OF MYOCARDITIS AND CHD IS +a) coronary angiography b) electrocardiography c) echocardiography (cardiac ultrasound) d) intracardiac electrophysiological examination 64. TREATMENT TACTICS IN CASE OF DEVELOPMENT OF VENTRICULAR FIBRILLATION IN A PATIENT WITH ACUTE TRANSMURAL ANTEROSEPTAL MYOCARDIAL INFARCTION INCLUDE +a) electrical defibrillation b) administration of strophanthin c) administration of propranolol d) administration of cordarone 65. THE MEDICATION INDICATED FOR RELIEF OF PAROXYSMAL VENTRICULAR TACHYCARDIA IS +a) cordarone b) nifedipine c) digoxin d) amlodipine 66. CAUSES OF HYPEREOSINOPHILIA OF BLOOD AND EOSINOPHILIC INFILTRATES IN LUNGS INCLUDE +a) allergic bronchopulmonary aspergillosis b) eczema c) hospital-acquired pneumonia d) exacerbation of bronchitis 67. A CLINICAL SIGN CHARACTERISTIC OF BRONCHIAL OBSTRUCTION SYNDROME IS +a) impaired exhalation b) acrocyanosis c) impaired inhalation d) hyperthermia
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68. IN A 35-YEAR-OLD FEMALE PATIENT WHO HAS BEEN TAKING ORAL CONTRACEPTIVES FOR MORE THAN A YEAR AND PRESENTS WITH HYPOTHYROIDISM, SUBFEBRILE TEMPERATURE, COUGHING UP SPUTUM WITH BLOOD STREAKS, AND PAIN IN THE LEFT HALF OF THE CHEST THE MOST LIKELY DIAGNOSIS IS

- +a) pulmonary embolism
- b) spontaneous pneumothorax
- c) acute coronary syndromes
- d) bronchiectasis

69. IN A PATIENT, CHEST MOVEMENTS ARE SYMMETRICAL, BOX SOUND IS HEARD DURING PERCUSSION, WEAKENED VESICULAR BREATHING SOUNDS WITH ELONGATED EXHALATION DETECTED DURING AUSCULTATION. WHAT IS THE MOST LIKELY DIAGNOSIS?

- +a) pulmonary emphysema
- b) pleurisy
- c) hydropneumothorax
- d) pneumonia

70. ELEVATED LEVELS OF CONJUGATED BILIRUBIN, ALKALINE PHOSPHATASE, GAMMA-GLUTAMYLTRANSPEPTIDASE, AND CHOLESTEROL ARE CHARACTERISTIC OF

- +a) cholestatic syndrome
- b) cytolytic syndrome
- c) hepatic cell failure syndrome
- d) hypersplenism

71. THE MAIN RADIOLOGICAL SIGN OF PNEUMONIA IS

- +a) pulmonary infiltrate
- b) atelectasis
- c) increased lung lucency
- d) increased porosity of the pulmonary pattern

72. DURING ECHOCARDIOGRAPHY, PULMONARY HEART IS DETECTED AS

- +a) hypertrophy and dilatation of the right heart
- b) hypertrophy and dilatation of the left heart
- c) dilatation of all chambers of the heart
- d) left ventricular hypertrophy

73. IN ADULTS, THE MOST COMMON CAUSE OF PYLORIC STENOSIS IS

- +a) peptic ulcer
- b) stomach cancer
- c) pylorus muscle hypertrophy
- d) prolapse of mucosa through the pyloric canal

74. A RELIABLE CLINICAL SIGN OF PYLORIC STENOSIS IS

- +a) vomiting food eaten the day before
- b) vomiting bile
- c) stomach bloating
- d) diarrhea

75. THE CLINICAL MANIFESTATION OF FACIES NEFRITICA IS

- +a) swelling of the face and pallor of the skin
- b) acrocyanosis
- c) hemorrhagic rash on the face and trunk
- d) diffuse cyanosis

76. THE MOST COMMON CAUSE OF DEATH OF PATIENTS WITH NEPHROTIC SYNDROME AND PRESERVED RENAL FUNCTION ARE

- +a) thrombosis and embolism
- b) hypovolemic shock
- c) steroidogenic diabetes
- d) pharmaceutical immunosuppression

77. COMPLAINTS OF WEAKNESS AND PAIN IN THE SPINE, HEMOGLOBIN 65 G/L, PROTEINURIA 22G PER DAY, SERUM ALBUMIN 43G/L, AND BLOOD CREATININE 280 μ MOL/L ARE CHARACTERISTIC OF

- +a) multiple myeloma
- b) CGN in the stage of uremia
- c) secondary amyloidosis with kidney damage
- d) chronic pyelonephritis

78. IN CASE OF NEWLY DIAGNOSED ARTERIAL HYPERTENSION 150/110 MM HG AND DETECTION OF PROTEINURIA 0.8 G/L IN URINALYSIS, IT IS NECESSARY TO INCLUDE _____ IN THE EXAMINATION PLAN

- +a) daily proteinuria and blood creatinine test
- b) bicycle ergometry
- c) vanillylmandelic acid in urine test
- d) determination of thyroid hormones level

79. PARANEOPLASTIC SYNDROME IS

- +a) syndrome caused by the systemic effect of the tumor on the organism as a whole
- b) multiple distant hematogenous tumor metastases
- c) multiple regional lymphogenous tumor metastases
- d) consequences of polychemotherapy of malignant tumor

80. UNSTABLE ANGINA PECTORIS IS PROGNOSTICALLY UNFAVORABLE IN TERMS OF

- +a) development of myocardial infarction
- b) thromboembolism of cerebral vessels
- c) development of pulmonary hypertension
- d) development of venous insufficiency

81. ECHOCARDIOGRAPHIC FEATURES THAT CHARACTERIZE MYOCARDIAL INFARCTION INCLUDE

- +a) local hypokinesis
- b) diffuse hyperkinesis
- c) diffuse hypokinesis
- d) local hyperkinesis

82. ATRIAL FIBRILLATION IS CHARACTERIZED BY

- +a) absence of P waves
- b) equal R-R intervals
- c) presence of premature QRS complexes
- d) shortening of PQ intervals

83. EXACERBATION OF CHRONIC PANCREATITIS IS CHARACTERIZED BY SUCH TRIAD OF CLINICAL SYMPTOMS AS

- +a) abdominal pain, flatulence, diarrhea
- b) abdominal pain, jaundice, fever
- c) abdominal pain, blood streaks in the stool, mucus in the stool
- d) abdominal pain, coffee-grounds vomiting, melena

84. CYTOLYSIS SYNDROME IS CHARACTERIZED BY

- +a) increased activity of ALT, AST
- b) increased activity of ALP, GGT
- c) decrease in total protein, albumin, cholesterol, prothrombin levels
- d) increased levels of immunoglobulins, γ -globulins

85. CYTOLYTIC SYNDROME IN CHRONIC HEPATITIS IS THE MAIN INDICATOR OF

- +a) activity of the pathological process
- b) mesenchymal inflammation
- c) hepatic cell failure
- d) portohepatic insufficiency

86. THE MAIN DIFFERENCE BETWEEN BRONCHIAL ASTHMA AND COPD IS

- +a) reversibility of bronchial obstruction
- b) response to treatment with inhaled glucocorticosteroids
- c) severity of bronchial obstructive disorders
- d) response to treatment with prolonged anticholinergic agents

87. LIVER CIRRHOSIS FROM CHRONIC HEPATITIS IS

- +a) portal hypertension
- b) hepatomegaly
- c) extrahepatic signs
- d) cytolytic syndrome

88. BRONCHIAL OBSTRUCTION IS DEFINED AS

- +a) impaired air flow through the small and medium bronchi
- b) obstruction of the airways due to aspiration of a foreign body
- c) impaired airway patency due to swelling of the vocal cords
- d) impaired patency of the main bronchus due to tumor

89. INDICATION FOR THE PRESCRIPTION OF ANTIBACTERIAL THERAPY FOR COPD IS

- +a) fever and purulent sputum
- b) increased dyspnea
- c) increase in dry rales during auscultation
- d) sputum lymphocytosis

90. BRONCHIAL OBSTRUCTION IS CHARACTERIZED MOST CONVINCINGLY BY

- +a) Tiffeneau test
- b) diffusion ability (CO₂)
- c) residual volume
- d) vital capacity (VC)

91. ACCORDING TO NATIONAL GUIDELINES, IN TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA THE FIRST DOSE OF ANTIBIOTIC SHOULD BE ADMINISTERED AS EARLY AS POSSIBLE, WITHIN THE FIRST 4 HOURS, BECAUSE THIS

- +a) increases survival rate and reduces mortality
- b) reduces the frequency of hospitalizations
- c) reduces the duration of inpatient treatment
- d) reduces treatment costs

92. INDICATION FOR EMERGENCY PLEURAL PUNCTURE (THORACOCENTESIS) IS

- +a) fluid level in the pleural cavity up to the 2nd rib
- b) normal blood oxygen saturation
- c) no displacement of mediastinal organs
- d) no signs of acute respiratory failure

93. THE LONG-TERM GOAL OF TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IS

- +a) prevention of disease progression
- b) increased tolerance to physical exertion
- c) increased vital capacity of the lungs
- d) symptom relief

94. THE MAIN DIAGNOSTIC CRITERION FOR RESPIRATORY FAILURE IS THE DECREASE OF

- +a) oxygen saturation
- b) carbon dioxide saturation
- c) peak expiratory flow
- d) hemoglobin

95. IN A PATIENT OF VERY HIGH CARDIOVASCULAR RISK WITH A TOTAL CHOLESTEROL OF 9 MMOL/L, LDL OF 5.4 MMOL/L, AND BLOOD TRIGLYCERIDES OF 3 MMOL/L, THE MEDICATIONS OF CHOICE ARE

- +a) statins
- b) fibrates
- c) omega-6 fatty acids
- d) ACE inhibitors

96. MEDICATIONS OF CHOICE IN THE TREATMENT OF ARTERIAL HYPERTENSION IN NON-SYMPTOMATIC ATHEROSCLEROSIS OF CAROTID ARTERIES ARE

- +a) ACE inhibitors
- b) diuretics
- c) beta-blockers
- d) alpha-blockers

97. MEDICATIONS OF CHOICE IN THE TREATMENT OF ISOLATED SYSTOLIC ARTERIAL HYPERTENSION OF THE ELDERLY ARE

		+a) diuretics and calcium antagonists b) ACE inhibitors and beta-blockers c) angiotensin 2 receptor antagonists and central acting medications d) beta-blockers and central acting medications 98. URIC ACID SYNTHESIS IN PATIENTS WITH GOUT IS CONTROLLED USING +a) allopurinol b) diclofenac c) hydrochlorothiazide d) cystone 99. IN UNCOMPLICATED HYPERTONIC CRISIS, AN ANGIOTENSIN-CONVERTING ENZYME INHIBITOR RECOMMENDED FOR EMERGENCY TREATMENT IS +a) captopril b) perindopril c) fosinopril d) lisinopril 100. THE MAIN FACTOR OF NEPHROPROTECTIVE ACTION OF ACE INHIBITORS IS +a) reduction of intraglomerular hypertension b) increased reabsorption of sodium and water in the tubules c) decreased activity of the renin-angiotensin-aldosterone system d) increased activity of the renal depressor system
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Assessment criteria:

"**Very good**" – over 80% correct answers of questions of every level

"**Good**" – 70-79% correct answers of questions of every level

"**Satisfactory**" – 55-69% correct answers of questions of every level

"**Unsatisfactory**" – less than 55% correct answers of questions of every level

3.2. Practical Skills Assessment Checklist

Practical Skill Name "Determining management tactics for a patient with community-acquired pneumonia"

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	
F	A/02.7	Examination of the patient in order to make a diagnosis	
WA	Work activities as part of the function Providing primary outpatient health care to the population (does not involve all-day medical observation and treatment, including during house calls)		
	Action	Performed	Not Performed

1.	Identify main symptoms in a patient with community-acquired pneumonia	1 point	-1 point
2.	Identify main syndromes in a patient with community-acquired pneumonia	1 point	-1 point
3.	Create the patient examination plan in accordance with current healthcare guidelines, treatment protocols taking into account standards of providing medical aid	1 point	-1 point
4.	Establish the “community acquired pneumonia” diagnosis in accordance with International Statistical Classification of Diseases and Related Health Problems	1 point	-1 point
5.	Create the treatment plan for the patient with community-acquired pneumonia taking into account the age of the patient, clinical manifestation of the disease, in accordance with current healthcare guidelines, treatment protocols taking into account standards of providing medical aid	1 point	-1 point
	Total	5 points	

Assessment criteria:

“Pass” – 4 or more points

“Fail” – 3 points and less

Practical Skill Name “Percussion and palpation of the liver”

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	
F	A/02.7	Examination of the patient in order to make a diagnosis	
WA	Work activities as part of the function Providing primary outpatient health care to the population (does not involve all-day medical observation and treatment, including during house calls)		
	Action	Performed	Not Performed
1.	Ask the patient to lie down on their back with knees bent at 130-150°. Sit on the chair right of the patient.	1 point	-1 point
2.	Detect the lower edge of the liver along the midclavicular line. The pleximeter finger is placed on the midclavicular line at the navel level parallel to the estimated edge.	1 point	-1 point
3.	Perform the percussion by moving from an area of greater resonance (air-filled) toward an area of duller sound. Place the mark along the outer edge of the pleximeter finger facing the area of duller sound. Make a conclusion.	1 point	-1 point
4.	Place left hand on the chest of the patient along the right costal arch, the first digit facing the anterior median line, and palm grasping and slightly immobilizing the costal arch	2 points	-2 points

5.	Place the right hand with its fingers slightly bent 1 cm below the detected edge of the liver	1 point	-1 point
6.	Form a skinfold directed downward. Ask the patient to inhale with their stomach, exhale fully, and hold their breath.	1 point	-1 point
7.	Slide fingers onto the right hypochondrium of the patient and ask them to inhale again. Perform palpating motion during the patient's inhale.	1 point	-1 point
8.	Make a conclusion. Assess the edge of the liver: its elasticity, tenderness, contours.	2 points	-2 points
	Total	10 points	

Assessment criteria:

“Pass” – 7 or more points

“Fail” – 6 points and less

Practical Skill Name “Radial pulse assessment”

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	
F	A/02.7	Examination of the patient in order to make a diagnosis	
WA	Work activities as part of the function Providing primary outpatient health care to the population (does not involve all-day medical observation and treatment, including during house calls)		
	Action	Performed	Not Performed
1.	Use 3 fingers of both hands to palpate radial arteries in the area of their projection on the medial margins of the forearms	1 point	-1 point
2.	Assess the difference in pulse (its characteristics and speed). Make a conclusion (the norm)	1 point	-1 point
3.	Assess radial pulse on one of the patient’s arms for 1 minute	1 point	-1 point
4.	Assess the rhythm of the pulse, count the pulse waves. Make a conclusion (the norm)	2 points	-2 points
5.	Assess volume and force of the pulse. Make a conclusion (the norm)	1 point	-1 point
6.	Diagnostic significance of radial pulse (provide 2 examples)	3 points	-3 points (-1 point if only one example is provided)
	Total	10 points	

Assessment criteria:

“Pass” – 7 or more points

“Fail” – 6 points and less

Practical Skill Name “Visual examination of lower limbs and peripheral arterial pulse”

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	
F	A/02.7	Examination of the patient in order to make a diagnosis	
WA	Work activities as part of the function Providing primary outpatient health care to the population (does not involve all-day medical observation and treatment, including during house calls)		
	Action	Performed	Not Performed
1.	Examine skin of the lower limbs of a patient visually: assess color, moisture, body hair, trophic disorders. Make a conclusion	1 point	-1 point
2.	Palpate posterior tibial artery: simultaneously along posterior margin of the medial malleoli of the left and right legs. Assess the presence and symmetry of the pulse	1 point	-1 point
3.	Palpate dorsal artery of the foot: simultaneously on the proximal parts of the I intermetatarsal spaces on the dorsal left and right feet. Assess the presence and symmetry of the pulse	1 point	-1 point
4.	Ask the patient lay on their stomach on the examination table and bend their knees at 90° angle	1 point	-1 point
5.	Palpate popliteal artery: simultaneously in the medial halves of the popliteal fossae of the right and left leg. Assess the presence and symmetry of the pulse	1 point	-1 point
6.	Ask the patient to lie on their back on the examination table, extend their legs and slightly rotate them outwards	1 point	-1 point
7.	Palpate femoral artery: directly under the middle of inguinal ligament. Assess the presence and symmetry of the pulse	2 points	-2 points
8.	Make a conclusion	2 points	-2 points
	Total	10 points	

Assessment criteria:

“Pass” – 7 or more points

“Fail” – 6 points and less

Practical Skill Name “Visual examination of the skin”

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	
F	A/02.7	Examination of the patient in order to make a diagnosis	
WA	Work activities as part of the function Providing primary outpatient health care to the population (does not involve all-day medical observation and treatment, including during house calls)		
	Action	Performed	Not Performed
1.	Ask the patient to undress in order to examine their skin	1 point	-1 point
2.	Inspect the skin and visible mucosae	1 point	-1 point
3.	Inspect adnexa of skin (hair and nails)	1 point	-1 point
4.	Assess the color of the skin, palms	1 point	-1 point
5.	Identify skin lesions, their characteristics	1 point	-1 point
6.	Identify the presence of central cyanosis	1 point	-1 point
7.	Identify the presence of edema	1 point	-1 point
8.	Examine the patient’s eyes in order to detect discharge and its characteristics, corneal haze, conjunctival hyperemia	1 point	-1 point
9.	Examine the patient’s auricle, ear canal	1 point	-1 point
10.	Make a conclusion	1 point	-1 point
	Total	10 points	

Assessment criteria:

“Pass” – 7 or more points

“Fail” – 6 points and less

Practical Skill Name “Palpation of the spleen”

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	
F	A/02.7	Examination of the patient in order to make a diagnosis	
WA	Work activities as part of the function Providing primary outpatient health care to the population (does not involve all-day medical observation and treatment, including during house calls)		
	Action	Performed	Not Performed
1.	Patient position: lying on the back, lying on the right side. Right arm is placed under the head; left arm is bent in the elbow and placed on the chest. Patient's head is slightly tilted towards chest, right leg is straight, left leg is bent in the hip and knee joints	1 point	-1 point
2.	The person performing the examination sits down facing the patient to the right of them, places their left hand on the lower half of the patient's ribcage (along the axillary lines) and compresses it slightly (it is necessary to limit the movement of the ribcage during breathing in order to	1 point	-1 point

	maximize the downward movement of the diaphragm and the spleen)		
3.	Right hand with slightly bent fingers is placed on the anterior abdominal wall of the patient across from X rib parallel to the costal arch (for spleen normal on percussion) 3-5 cm below it or pole of the enlarged spleen	2 points	-2 points
4.	As the patient exhales, the person performing the examination lightly stretches the patient's skin towards the navel and presses their fingers into the patient's abdomen moving them towards left hypochondrium	2 points	-2 points
5.	Without moving their right hand, the person performing the examination asks the patient to take a deep breath: this causes the diaphragm to move the spleen downwards, eventually brushing along the fingers of the person performing the examination	2 points	-2 points
6.	If the spleen was not felt, the process is repeated after the person performing the examination moves their right hand higher	1 point	-1 point
7.	Make a conclusion	1 point	-1 point
	Total	10 points	

Assessment criteria:

“Pass” – 7 or more points

“Fail” – 6 points and less

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.