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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 Infectious Diseases
_____ / Simakova A.I./
"10th" of April 2026

COLLECTION OF ASSESSMENT TOOLS

B1.C.20 Infectious diseases, phthisiology 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 Infectious Diseases

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**	**Interview Questions**
		Tests
		Mini-Case Studies
		Checklists
2	**Interim assessment**	**Interview Questions**
		Checklists

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

Interview questions for 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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**ANSWER THE QUESTIONS** **General epidemiology and infectious safety in dentistry:** 1. The main routes of infection transmission in dental practice. Preventive measures for each route. 2. The concept of sanitary and anti-epidemic regime in the dental department. Your responsibilities for compliance. 3. Classification of medical waste. Rules for collecting, disinfecting, and disposing of waste of different classes in dentistry. 4. The role of a dentist in the epidemiological surveillance system. What infectious diseases are subject to mandatory registration and emergency notification?

		5. Healthcare-associated infections (HAIs): definition, main pathogens, and preventive measures in dentistry. **Infections with airborne and dust-borne transmission mechanisms:** 1. Influenza and other acute respiratory viral infections. Features of progression, possible complications from the ENT organs and oral cavity. Dentist's tactics in treating a patient with signs of acute respiratory viral infection. 2. Tuberculosis. Extra-pulmonary forms of tuberculosis (tuberculosis of the oral cavity, maxillofacial area). Diagnosis and precautions in dentistry. 3. Meningococcal infection. Clinical manifestations, emergency care for suspected meningococcal nasopharyngitis or meningitis. 4. Measles, rubella, chickenpox. Characteristic manifestations on the oral mucosa (enanthem, Filatov-Koplik's spots, etc.). Patient management. **Infections with contact-household and hemo-contact mechanism of transmission:** 1. Viral hepatitis B, C, D. Characteristics of the pathogens, stability in the external environment. Epidemiological significance for the dentist. 2. Clinical manifestations of chronic viral hepatitis, which can be detected in the oral cavity (jaundice, telangiectasia, bleeding, etc.). 3. HIV infection. Pathogenesis, stages of the disease. Features of clinical manifestations in the oral cavity (candidiasis, hairy leukoplakia, Kaposi's sarcoma, marker diseases). 4. Dentist's tactics when a patient shows clinical signs suspicious of HIV infection. 5. Herpetic infection (HSV 1, 2 types). Clinical manifestation, diagnosis and treatment of manifestations in the oral cavity. Herpes zoster. 6. Papillomavirus infection. Manifestations in the oral cavity (condylomas acuminata, papillomas). Oncogenic risk. **Infections with a fecal-oral transmission mechanism:** 1. Viral hepatitis A. Features of progression, preventive measures in dentistry. 2. Enteroviral infections. Manifestations in the oral cavity in herpangina, foot-and-mouth disease. **Situational tasks and actions in emergency situations:** 1. The algorithm of your actions in case of injury (prick, cut) with a potentially infected tool. 2. The algorithm of actions in case of blood or other biological fluid of the patient getting on mucous membranes (in the eyes, mouth) or skin. 3. What is Post-exposure prophylaxis (PEP) of HIV infection? What are the terms for it to be started? Who makes the decision to perform it? 4. Your actions when a patient presents with symptoms suspicious of an acute infectious disease (e.g., high fever, rash, jaundice) during an appointment. 5. The procedure for examining the patient and the healthcare professional after an emergency situation. Legal and ethical aspects.

Assessment criteria

“Very good” - more than 91% correct answers

“Good” - 81-90% correct answers of questions of every level

“Satisfactory” - 71-80% correct answers of questions of every level

“Unsatisfactory” - less than 71% correct answers of questions of every level

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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)**
		1. THE LEADING FEATURE IN THE PATHOGENESIS OF TYPHOID FEVER IS THE INVOLVEMENT OF +A) lymphatic apparatus of the small intestine B) liver and spleen C) central nervous system D) lymphatic apparatus of the large intestine 2. A LATE CLINICAL SYMPTOM OF TYPHOID FEVER IS +A) roseola rash B) fever C) headache D) coated tongue 3. A CHARACTERISTIC COMPLAINT OF PATIENTS WITH TYPHOID FEVER IS +A) headache B) lower back pain C) luscle pain D) abdominal pain 4. A SPECIFIC COMPLICATION OF TYPHOID FEVER IS +A) intestinal bleeding B) myocarditis C) pyelitis D) parotitis 5. THE MOST RELIABLE METHOD OF LABORATORY DIAGNOSIS OF TYPHOID FEVER IN THE FIRST WEEK OF THE DISEASE IS +A) blood culture B) stool culture C) serological blood test D) urine culture 6. A PATIENT WITH DYSENTERY RELEASES THE PATHOGEN INTO THE ENVIRONMENT WITH +A) feces B) feces and urine C) feces and vomit D) feces and saliva 7. THE TRANSMISSION MECHANISM FOR DYSENTERY IS +A) fecal-oral

		B) vertical C) transmissive D) aspiration 8. CHARACTERISTIC OF DYSENTERY IS +A) loose stool with mucus and blood B) compacted, painless, slightly mobile sigmoid colon C) thickening and tenderness of the cecum D) cramping pain in the middle part of the abdomen 9. A DIAGNOSTIC METHOD FOR DYSENTERY IS +A) stool culture B) rectosigmoidoscopy C) blood culture D) passive hemagglutination test 10. DURING THE PEAK OF DYSENTERY, PATIENTS REQUIRE THE THERAPEUTIC DIET +A) No. 4 B) No. 1 C) No. 5 D) No. 7
		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. A PATIENT WAS BITTEN BY A TICK IN AN ENDEMIC REGION. IN THIS CASE, IT IS NECESSARY TO +A) test the tick for the CCHF virus antigen B) immediate administration of anti-tick immunoglobulin +C) administer anti-tick immunoglobulin if CCHF virus antigen is detected D) begin antibiotic prophylaxis E) examine contacts +F) measure body temperature daily for 2 weeks 2. FOR A PATIENT WITH SYMPTOMS OF FOODBORNE TOXIC INFECTION, IT IS NECESSARY TO A) prescribe broad-spectrum antibiotics +B) perform immediate gastric lavage +C) start rehydration therapy +D) prescribe adsorbents E) prescribe therapeutic diet No. 15 F) prescribe antacid medications 3. A PREGNANT PATIENT WITH NEWLY DETECTED ANTI-HCV NEEDS ADDITIONAL TESTING, INCLUDING +A) complete blood count +B) PCR for HCV RNA C) thyroid hormone test D) liver elastometry +E) blood biochemistry F) virus genotype determination 4. CLINICAL SYMPTOMS OF PARAINFLUENZA INCLUDE +A) subfebrile temperature

		B) purulent tonsillitis +C) mild intoxication syndrome D) facial flushing +E) pharyngitis +F) laryngitis 5. TO CONFIRM THE DIAGNOSIS OF MENINGOCOCCAL MENINGITIS, NECESSARY TESTS INCLUDE +A) CSF cytogram B) CSF protein level +C) CSF glucose level +D) CSF culture E) virus culture from cerebrospinal fluid +F) blood culture 6. INDICATIONS FOR HIV TESTING ARE +A) prolonged diarrhea +B) atypical pneumonia +C) unexplained weight loss D) purulent lymphadenitis E) hepatitis A +F) hepatitis B, C
		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		1. IN ACUTE INFECTIOUS HEPATITIS, THE ECHO-GENITY OF THE LIVER PARENCHYMA IS 1) increased 2) of medium intensity +3) decreased 4) normal 2. A SIDE EFFECT THAT IS NOT CHARACTERISTIC OF INTERFERON ALPHA IS 1) depression 2) thrombocytopenia, neutropenia 3) impaired thyroid function +4) hemolytic anemia 3. A LESS COMMON SIDE EFFECT OF PEGINTERFERON ALPHA-2A IN COMPARISON WITH INTERFERON ALPHA-2B IS 1) thyroid dysfunction 2) flu-like syndrome 3) neutropenia 4) thrombocytopenia 4.THE USE OF CHOLEDEXOCHOLIC ACID OR URSODEOXYCHOLIC ACID IS INDICATED IN CASE OF 1) radiopaque carbonate stones 2) stones larger than 20 mm in diameter +3) radiolucent cholesterol stones 4) non-calculous cholecystitis 5. MASS INFECTIONS WITH THE HEPATITIS A VIRUS CAN OCCUR THROUGH 1) blood

		2) air +3) water 4) household items 6. CHRONIC HEPATITIS C IS CHARACTERIZED BY 1) AST predominance over ALT 2) isolated increase in ALT 3) isolated increase in AST +4) ALT predominance over AST 7. PORTAL HYPERTENSION IN PATIENTS WITH HEPATIC DISEASES IS DIAGNOSED IN CASE OF COMBINATION OF VARICOSE VEINS OF THE ESOPHAGUS 1) with diminished spleen +2) with enlarged spleen 3) with increased echogenicity of the spleen 4) with a decrease in the echogenicity of the spleen 8. THE STAGE OF LIVER FIBROSIS IN A PATIENT WITH CHRONIC HEPATITIS B WITHOUT BIOPSY CAN BE DETERMINED USING 1) computed tomography with contrast 2) magnetic resonance imaging +3) transient elastometry 4) duplex ultrasound scanning 9. AFTER COMPLETE IMMUNIZATION AGAINST HEPATITIS B, BLOOD TESTS SHOW PRESENCE OF +1) anti-HBs and absence of anti-HBcor 2) anti-HBs and anti-HBcor 3) anti-HBcor and absence of anti-HBs 4) HBs antigen and absence of anti-HBe 10. IN CASE OF HEPATOCARCINOMA, THE LEVEL OF _____ IS SIGNIFICANTLY ELEVATED 1) procalcitonin +2) alpha-fetoprotein 3) gamma-globulin 4) betafitosterin

Assessment criteria
“Very good” - more than 91% correct answers of questions of every level
“Good” - 81-90% correct answers of questions of every level
“Satisfactory” - 71-80% correct answers of questions of every level
“Unsatisfactory” - less than 71% correct answers of questions of every level

Standardized case studies and checklists for the **B1.C.20 Infectious diseases, phthisiology** 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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A blood donor at a transfusion station was found to have elevated transaminase levels upon examination: ALT – 200 U/L, AST – 60 U/L. Cytolysis was first noted over 6 months ago
Q	1	Question: What diagnosis can be suspected?
Q	2	Question: What medical history data needs to be collected from the patient?
Q	3	Question: What objective data are necessary to clarify the diagnosis?
Q	4	Question: What specific examination is necessary for the patient to rule out parenteral viral hepatitis B, D, C?
Q	5	Question: What additional examination is necessary to establish the patient's diagnosis?

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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A blood donor at a transfusion station was found to have elevated transaminase levels upon examination: ALT – 200 U/L, AST – 60 U/L. Cytolysis was first noted over 6 months ago
Q	1	Question: What diagnosis can be suspected?
A		Correct answer: Given the duration of the cytolytic syndrome, the level of increased transaminase activity, and the presence of a parenteral history, it is first necessary to exclude the presence of chronic hepatitis of viral etiology: B, C, D
R2	Very good	Student analyzes data and indicates: 1. Patient's parenteral history; 2. Transaminase elevation level & relevance to chronic course; 3. Priority to rule out chronic viral hepatitis B, C, D.
R1	Good/Satisfactory	Student notes significance of parenteral history and elevated transaminases for testing. Student indicates need to test for viral hepatitis.
R0	Fail	Student does not know the answer
Q	2	Question: What medical history data needs to be collected from the patient?
A		Correct answer:

		It is necessary to find out whether there is a history of viral hepatitis or its symptoms (asthenia, dyspepsia, jaundice, arthralgia, and the appearance of extrahepatic signs) since birth, as well as whether there have been any parenteral interventions during the patient's lifetime, whether there have been any sexual relationships, and whether there has been any contact with patients with viral hepatitis in the family or outside the home.
R2	Very good	Student indicates: 1. Collecting full parenteral history from birth; 2. Clinical signs of chronic hepatitis; 3. Sexual transmission risk; 4. Donation-related risk.
R1	Good/Satisfactory	Student lists all descriptors without detail. Student indicates 3 descriptors.
R0	Fail	Student gives incorrect or no answer
Q	3	Question: What objective data are necessary to clarify the diagnosis?
A		Correct answer: To clarify the diagnosis, it is necessary to identify the presence of hepatic encephalopathy (number connection test) and extrahepatic signs (teleangiectasias, palmar erythema), jaundice, hemorrhagic syndrome, edematous-ascitic syndrome, and enlarged liver and spleen during an objective examination.
R2	Very good	Student lists all: 1. Signs of hepatic encephalopathy (number connection test); 2. Extrahepatic signs (spider angioma, palmar erythema); 3. Jaundice, hemorrhagic syndrome; 4. Edema-ascitic syndrome; 5. Hepatosplenomegaly.
R1	Good/Satisfactory	Student lists 4 descriptors Student lists 2 descriptors
R0	Fail	Student lists only 1 descriptor
Q	4	Question: What specific examination is necessary for the patient to rule out parenteral viral hepatitis B, D, C?
A		Correct answer: It is necessary to perform: 1. ELISA for HBS-Ag, a-HBc-IgM, A-HBc-IgG, a-HCV-IgM, a-HCV-IgG, a-HDV-IgM, a-HDV-IgG ; 2. PCR for RNA- HCV, PCR – RNA- HDV, PCR – DNA- HBV
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists main ELISA markers (HBsAg, anti-HCV, anti-HDV) and all PCR targets. Student lists some ELISA markers and partially lists PCR targets.
R0	Fail	Student lists only one descriptor
Q	5	Question: What additional examination is necessary to establish the patient's diagnosis?
A		Correct answer: It is necessary to perform1. CBC; 2. Blood biochemistry (bilirubin fractions, dynamic ALT/AST, GGT, ALP, glucose, creatinine, urea, albumin); 3. Coagulogram; 4. AFP; 5. Abdominal US; 6. Liver elastometry.
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student indicates descriptors 1, 2, 5, 6

		Student indicates two descriptors.
R0	Fail	Student indicates only one descriptor

Case Study No.2

	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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A nurse presents with dizziness, weakness, nausea, vomiting, and multiple loose, watery stools of green color, as well as an increase in body temperature and muscle cramps in her legs. These symptoms occurred several hours after consuming food that had been stored outside the refrigerator. Physical examination results: body temperature 38.7°C, blood pressure 90/55 mmHg, and heart rate 102 beats per minute. Tongue is dry and covered with a white coating. The abdomen is soft and painful in the epigastric and umbilical regions. The patient hasn't urinated for several hours. Stool is green.
Q	1	Question: What is the possible diagnosis? List the diseases for differential diagnosis
Q	2	Question: What are the leading syndromes of this disease?
Q	3	Question: What laboratory tests should be performed to confirm the diagnosis and prescribe rational treatment?
Q	4	Question: Describe the plan of the treatment
Q	5	Question: What are the indications for hospitalization of patients with acute intestinal infection?

Case Study No.2 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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A nurse presents with dizziness, weakness, nausea, vomiting, and multiple loose, watery stools of green color, as well as an increase in body temperature and muscle cramps in her legs. These symptoms occurred several hours after consuming food that had been stored outside

		the refrigerator. Physical examination results: body temperature 38.7°C, blood pressure 90/55 mmHg, and heart rate 102 beats per minute. Tongue is dry and covered with a white coating. The abdomen is soft and painful in the epigastric and umbilical regions. The patient hasn't urinated for several hours. Stool is green.
Q	1	Question: What is the possible diagnosis? List the diseases for differential diagnosis
A		Correct answer: 1. Food toxicoinfection (food poisoning) complicated by hypovolemic shock 2. Differential diagnosis should be carried out with: a) Salmonellosis b) Acute dysentery c) Escherichia d) Cholera Given the acute onset, fever, frequent watery, green-colored diarrhea, nausea and vomiting, cyanosis of the lips, low blood pressure, tachycardia up to 102 beats per minute, and the absence of urination for several hours after consuming contaminated food, it is possible that the patient has a severe form of salmonellosis with hypovolemic shock.
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 3-4 descriptors Student lists 1-2 descriptors
R0	Fail	Student gives incorrect or no answer
Q	2	Question: What are the leading syndromes of this disease?
A		Correct answer: 1. Gastroenteritis syndrome 2. Intoxication syndrome 3. Hypovolemic shock
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists all correct descriptors but provides no detail Student lists 2 descriptors
R0	Fail	Student indicates only one descriptor
Q	3	Question: What laboratory tests should be performed to confirm the diagnosis and prescribe rational treatment?
A		Correct answer: 1. Bacteriological examination of feces, blood, and food which is believed to be the source of the pathogen 2. Serological examination of blood from the 5th to 7th day of illness using a salmonellosis and dysentery diagnosticum with agglutination reaction 3. Complete blood count 4. Blood creatinine and urea 5. Urinalysis 6. Coprogram
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists descriptors 1-4 Student lists descriptors 1-2
R0	Fail	Student gives incorrect or no answer

Q	4	Question: Describe the plan of the treatment
A		Correct answer: 1. Gastric lavage until the effluent is clear, water-tea diet for 10-12 hours, then therapeutic diet No. 4. 2. Intravenous administration of crystalloid solutions, taking into account the fluid loss (solutions of trisol, chlosol, lactosol) until the BP is normalized. 3. Parenteral antibiotics: fluoroquinolones (ciprofloxacin 0.5 g intravenously 2 times a day) or cephalosporins (cefotaxime 1.0 g every 6-8 hours, ceftriaxone 2.0 g once a day) 4. Intestinal sorbents (Filtrum-STI 2 tablets 3 times a day 2 hours after a meal, Smecta, Enterosgel, Polisorb, activated charcoal, etc.) 5. Pancreatic enzyme preparations (pancreatin, Festal, Mezym, etc.). 6. Antipyretics (paracetamol, ipubrofen, etc.).
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists descriptors 1-4 Student lists descriptors 1-2
R0	Fail	Student gives incorrect or no answer
Q	5	Question: What are the indications for hospitalization of patients with acute intestinal infection?
A		Correct answer: Severe and moderate condition: 1. Severe intoxication: lethargy, impaired consciousness, severe headache. 2. High fever (body temperature > 38.5° - 39°C), which does not respond well to antipyretics. 3. Incessant vomiting that prevents oral rehydration (drinking fluids). 4. Profuse (excessive) watery diarrhea more than 10-15 times per day.
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 1-4descriptors Student lists descriptors 1-2
R0	Fail	Student gives incorrect or no answer

Case Study No.3

	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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS**

		A 45-year-old patient was admitted to the therapy department with complaints of weakness, joint pain, and intermittent fever up to 37.5°C. Laboratory tests revealed the following abnormalities: Complete blood count: Leukopenia (3.2 x 10^9/L), thrombocytopenia (110 x 10^9/L), and lymphocytosis. Biochemical blood test: A slight increase in ALT to 85 U/L and AST to 78 U/L. From the patient's medical history: About 10 years ago, he underwent surgery for a hip fracture with an urgent blood transfusion
Q	1	Question: What is the most likely diagnosis?
Q	2	Question: What additional epidemiological information should be obtained from the patient?
Q	3	Question: What objective data (symptoms) should be specifically identified during the examination to clarify the diagnosis?
Q	4	Question: What specific laboratory tests should be performed to confirm or rule out parenteral viral hepatitis?
Q	5	Question: What additional instrumental diagnostic procedures are required to assess the condition of the liver and make a diagnosis?

Case Study No.3 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
C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** A 45-year-old patient was admitted to the therapy department with complaints of weakness, joint pain, and intermittent fever up to 37.5°C. Laboratory tests revealed the following abnormalities: Complete blood count: Leukopenia (3.2 x 10^9/L), thrombocytopenia (110 x 10^9/L), and lymphocytosis. Biochemical blood test: A slight increase in ALT to 85 U/L and AST to 78 U/L. From the patient's medical history: About 10 years ago, he underwent surgery for a hip fracture with an urgent blood transfusion
Q	1	Question: What is the most likely diagnosis?
A		Correct answer: Chronic viral hepatitis (probably hepatitis C) can be suspected, given the presence of asthenovegetative syndrome, arthralgia, moderate hepatocyte cytolysis, and an immune-inflammatory syndrome (leukopenia, thrombocytopenia) in the context of a history of blood transfusions.
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 3descriptors Student lists 1-2 descriptors
R0	Fail	Student gives incorrect or no answer

Q	2	Question: What additional epidemiological information should be obtained from the patient?
A		Correct answer: Clarify the details of the surgery and blood transfusion (when and at which medical facility). Find out if there have been any other surgeries, invasive medical procedures, or endoscopic examinations. Ask if the patient has used injectable drugs (even once or in the distant past). Inquire about tattoos, piercings, and cosmetic procedures that may have damaged the skin. Ask if the patient has had sexual contact with partners who are infected with viral hepatitis.
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 3descriptors Student lists 1-2 descriptors
R0	Fail	Student gives incorrect or no answer
Q	3	Question: What objective data (symptoms) should be specifically identified during the examination to clarify the diagnosis?
A		Correct answer: Assess the color of the skin and visible mucous membranes (icterus, subicterus). Palpate the liver and spleen (enlargement, density, and tenderness). Assess the presence of extrahepatic manifestations, such as spider veins (telangiectasias), palmar erythema (hepatic palms), and hemorrhagic rashes.
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 3descriptors Student lists 1-2 descriptors
R0	Fail	Student gives incorrect or no answer
Q	4	Question: What specific laboratory tests should be performed to confirm or rule out parenteral viral hepatitis?
A		Correct answer: Markers of viral hepatitis B (VHB): HBsAg, anti-HBc IgG, anti-HBc IgM. Markers of viral hepatitis C (VHC): anti-HCV (screening test), and PCR for HCV RNA to confirm the fact of active virus replication in case of positive result. Markers of viral hepatitis D (VHD): anti-HDV (performed only if VHB infection is confirmed, as this satellite virus depends on HBsAg).
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 2 correct descriptors but does not provide details Student lists 1 correct descriptors
R0	Fail	Student gives incorrect or no answer
Q	5	Question: What additional instrumental diagnostic procedures are required to assess the condition of the liver and make a diagnosis?
A		Correct answer:

		Ultrasonic examination (US) of the abdominal organs to assess the size, structure, and echogenicity of the liver and spleen, the condition of the portal system, and the presence of signs of portal hypertension. Liver elastometry (Fibroscan) for a non-invasive assessment of the degree of liver fibrosis (cirrhosis).
R2	Very good	Student lists all correct descriptors
R1	Good/Satisfactory	Student lists 2 correct descriptors but does not provide details Student lists 1 correct descriptors
R0	Fail	Student gives incorrect or no answer

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: Actions of a medical professional in an emergency situation with a risk of infection

C	GPC-7	Able to organize work and make professional decisions in emergencies, epidemics and mass casualty situations		
	Action		Performed	Not Performed
1.	Immediately notify one's immediate supervisor (the head nurse or department head)		1 point	-1 point
2.	Fill out the "Emergency Log" with the date, time, nature of the accident, and the patient's name (if known)		3 points	-3 points
3.	Provide an emergency referral to the local AIDS center for post-exposure prophylaxis (PEP) within the specified timeframe (within the first 2-3 hours, but no later than 72 hours)		3 points	-3 points
4.	Organize the collection of biomaterial from the source patient for an emergency laboratory HIV and hepatitis tests, after obtaining prior informed voluntary consent		1 point	-1 point
5.	Follow the post-accident medical examination plan: HIV, hepatitis B, and hepatitis C testing immediately after the incident, 3 months later, and 6 months later		2 points	-2 points
	Total		10 points	

Assessment criteria:

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

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