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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.44 Internal medicine
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)
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 31.05.03 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**
		Checklists

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

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** **Methods of patient examination** 1. Methodology of patient interview: complaints, history of the present disease, life history. Basic methods of objective examination of the patient: inspection, palpation, percussion, auscultation. Pathological changes detected during general examination and their clinical significance. **Diseases of the respiratory system** 1. Main complaints of patients with respiratory diseases. Methods of examination in patients with diseases of the respiratory system: inspection, palpation, percussion, auscultation. 2. Clinical syndromes in diseases of the respiratory system.

		3. Dental manifestations in diseases of the respiratory system. 4. Pneumonia. Definition of the concept. Classification of pneumonia. Community-acquired pneumonia (CAP). Etiology, probable pathogens of CAP in patients of various clinical groups. Main pathogenetic mechanisms of CAP development. 5. Community-acquired pneumonia (CAP). Clinical picture, instrumental and laboratory methods of examination in CAP at outpatient and inpatient stages. Diagnostic criteria for CAP of various etiologies. 6. Community-acquired pneumonia (CAP). Pulmonary and extrapulmonary complications, diagnostic criteria, differential diagnosis. 7. Community-acquired pneumonia (CAP). Risk factors for protracted course of pneumonia. Differential diagnosis. 8. Community-acquired pneumonia (CAP). Principles and objectives of treatment. Choice of treatment setting. Tactics of antibacterial therapy for CAP at the outpatient stage. 9. Community-acquired pneumonia. Antibacterial therapy in hospital settings. Issues of prevention of pneumococcal infection. 10. Bronchial asthma (BA). Definition of the concept. Etiology of BA. Risk factors for BA development. 11. Bronchial asthma (BA). Pathogenesis of BA. Airway hyperresponsiveness in BA, mechanisms of bronchial obstruction in BA. 12. Bronchial asthma (BA). Clinical picture of BA. Laboratory and instrumental methods of examination in BA. Spirometry and peak flowmetry methods for diagnosing reversibility and variability of bronchial obstruction. 13. Bronchial asthma (BA). Diagnostic criteria. Differential diagnosis of BA in the presence and absence of bronchial obstruction. 14. Bronchial asthma (BA). Classification of BA. Phenotypes, degree of control and assessment of the severity of the course. 15. Bronchial asthma (BA). Treatment of BA, goals and objectives. Principles of stepwise therapy of BA. 16. Chronic obstructive pulmonary disease (COPD): definition of the concept, etiology, pathogenesis, clinical syndromes, laboratory and instrumental investigations, diagnostic criteria, classification. 17. Chronic obstructive pulmonary disease (COPD). Treatment of stable COPD. Goals of treatment, non-pharmacological methods. Pharmacotherapy of COPD, main groups of drugs, initial tactics of pharmacotherapy. 18. Chronic obstructive pulmonary disease (COPD). Exacerbations of COPD, assessment of exacerbation severity, indications for hospitalization, pharmacotherapy, respiratory support. 19. Chronic obstructive pulmonary disease (COPD). Prognosis, prevention, follow-up of the patient and the course of the disease. **Cardiology** 1. Main complaints of patients with diseases of the circulatory system. Methods of examination in patients with diseases of the cardiovascular system: inspection, palpation, percussion, auscultation. 2. Main clinical syndromes in diseases of the cardiovascular system (arterial hypertension syndrome, angina syndrome, myocardial infarction syndrome, left ventricular and right ventricular failure, valvular heart disease). 3. Dental "masks" of ischemic heart disease. 4. Dental manifestations in chronic heart failure.

5. Hypertensive disease (HD). Damage to target organs in HD. Examinations to detect target organ damage (TOD) and associated clinical conditions (ACC): mandatory laboratory and instrumental methods, indications for special investigations.
6. Hypertensive disease (HD). Clinical picture, manifestations of hypertensive disease, pathogenesis of main symptoms. Diagnostic algorithm for HD. Course of HD, factors negatively affecting the prognosis.
7. Hypertensive disease (HD). Classification of HD by stages, degree of AH. Assessment of individual risk degree (risk stratification), categories and risk stratification. Formulation of the clinical diagnosis.
8. Hypertensive disease (HD). General principles of patient management. Treatment goals. Non-pharmacological methods.
9. Hypertensive disease (HD). Pharmacotherapy of HD: choice of initial therapy taking into account the degree of individual cardiovascular risk, main and additional classes of antihypertensive therapy.
10. Hypertensive crises. Definition. Conditions in which a sharp rise in blood pressure is possible. Trigger factors for sudden rise in blood pressure. Pathogenetic mechanisms of hypertensive crisis.
11. Hypertensive crises (HC). Classification. Clinical picture. Medical tactics. Issues of emergency therapy.
12. Hypertensive crisis. Clinical picture. Tactics of patient management. Pharmacotherapy, differentiated use of pharmacotherapy in hypertensive crisis.
13. Ischemic heart disease: risk factors (non-modifiable and modifiable). Assessment of the degree of risk, measures for primary and secondary prevention of IHD.
14. Definition of acute coronary syndrome (ACS). Clinical, laboratory and instrumental diagnostic criteria.
15. Non-ST-elevation acute coronary syndrome (NSTE-ACS). Diagnostic criteria. Management tactics.
16. Non-ST-elevation acute coronary syndrome (NSTE-ACS). Issues of pharmacotherapy and patient routing.
17. ST-elevation myocardial infarction (STEMI). Definition. Diagnostic criteria.
18. Myocardial infarction (MI). Pathomorphological changes depending on the period of MI course.
19. Myocardial infarction (MI). Clinical picture. Laboratory and instrumental diagnosis of MI. Diagnostic criteria.
20. Myocardial infarction (MI). Management of a patient with STEMI at the prehospital stage: prognosis assessment, pharmacotherapy, methods of restoring coronary blood flow.
21. Chronic heart failure (CHF). Definition. Etiology. Pathogenesis of CHF.
22. Chronic heart failure (CHF). Clinical criteria of CHF. Classification. Diagnosis of CHF: clinical symptoms, laboratory and instrumental methods.

Diseases of the digestive system

1. Main complaints of patients with diseases of the gastrointestinal tract. Methods of examination in patients with diseases of the gastrointestinal tract: inspection, palpation, percussion, auscultation.
2. Main clinical syndromes in diseases of the gastrointestinal tract.
3. Dental manifestations of diseases of the gastrointestinal tract.

4. Main complaints of patients with diseases of the liver and biliary tract. Methods of examination in patients with diseases of the liver and biliary tract: inspection, palpation, percussion, auscultation.
5. Main clinical syndromes diseases of the liver and biliary tract (jaundice syndrome, cholestasis syndrome, portal hypertension, hepatocellular failure syndrome, cytolysis syndrome, hormonal imbalance syndrome).
6. Dental manifestations, features of dental interventions in patients with liver diseases.
7. Chronic gastritis: classification, diagnosis, current principles of treatment, prevention.
8. Chronic gastritis: definition of the concept, etiology, pathogenesis, clinical picture, classification.
9. Chronic hepatitis: definition of the concept, classification, autoimmune hepatitis, pathogenesis, clinical picture, laboratory changes, differential diagnosis with viral hepatitis.
10. Chronic hepatitis: etiology, pathogenesis, classification, clinical picture, diagnosis.
11. Liver cirrhosis: definition of the concept, etiology, pathogenesis, pathomorphology, clinical syndromes, laboratory and instrumental investigations.
12. Liver cirrhosis: main clinical syndromes, laboratory and instrumental investigations, complications, treatment, prognosis.
13. Peptic ulcer disease (PUD): classification, clinical picture, diagnostic criteria for gastric and duodenal ulcers, treatment.
14. Peptic ulcer disease (PUD): treatment during exacerbation: diet therapy and pharmacoherapy, monitoring treatment effectiveness, prevention of PUD exacerbations. Indications for surgical treatment, prognosis.
15. Peptic ulcer disease: complications of peptic ulcer disease, treatment of peptic ulcer disease.

Kidney diseases

1. Main complaints of patients with diseases of the kidneys and urinary tract. Objective examination of patients with diseases of the kidneys and urinary tract. Main clinical syndromes in diseases of the urinary system (nephritic, nephrotic syndromes, urinary syndrome, urinary tract infection syndrome, renal failure syndrome).
2. Dental manifestations in diseases of the urinary organs.
3. Chronic pyelonephritis: definition of the concept, etiology, pathogenesis, clinical picture, laboratory and instrumental investigations, classification.
4. Chronic pyelonephritis: classification, treatment, prevention, prognosis.
5. Chronic kidney disease: definition of the concept, etiology, pathogenesis, clinical picture, treatment, prevention, prognosis.

Blood system diseases

1. Main clinical symptoms in diseases of the hematopoietic system. Main clinical syndromes in diseases of the hematopoietic system (anemic syndrome, sideropenic syndrome, B12 deficiency syndrome, hemolysis syndrome, acute blood loss, syndrome of infectious complications, hemorrhagic syndrome).
2. Iron deficiency anemia (IDA): definition of the concept, etiology, pathogenesis, clinical picture, diagnostic criteria, treatment, prevention, prognosis. Oral manifestations.
3. B-12 deficiency anemia: etiology, pathogenesis, clinical picture, diagnosis, treatment, prevention. Oral manifestations.

		Clinical conditions (complications) threatening the patient's life: diagnosis and first aid measures 1. Emergency measures for an attack of angina pectoris on exertion. 2. Emergency measures for an attack of bronchial asthma. 3. Emergency measures for hypertensive crisis complicated by acute left ventricular failure. 4. Emergency measures for hypertensive crisis complicated by acute coronary syndrome. 5. Emergency measures for cardiogenic shock. 6. Emergency measures for gastrointestinal bleeding. 7. Diagnosis and emergency care for anaphylactic shock.

Assessment criteria

"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.

Tests

	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)**
		1. 1. The most significant risk factor for the development of chronic bronchopulmonary diseases is **1) smoking** 2) frequent viral infections of the respiratory tract 3) air pollution 4) bronchial hyperresponsiveness 2. In older adults, the most common cause of chronic bronchitis is **1) chronic irritation of the respiratory mucosa by pollutants (aerosols of industrial emissions, tobacco smoke, etc.)** 2) recurrent or chronic bacterial infection of the upper respiratory tract 3) hereditary deficiency of alpha-1-antitrypsin 4) bronchial hyperresponsiveness 3. A common clinical sign for the emphysematous and bronchitic phenotypes of

COPD is

1) dyspnea
2) hypercapnia
3) polycythemia
4) chronic cough

4. Vitamin B12-deficiency anemia is characterized by

1) hyperchromia, macrocytosis, cytopenia
2) hypochromia, microcytosis
3) normochromia, normocytosis
4) presence of blast cells

5. A characteristic symptom of malabsorption syndrome is

1) diarrhea
2) nausea
3) constipation
4) jaundice

6. A blood change characteristic of the acute stage of myocardial infarction is

1) increased troponin level
2) increase in amylase activity
3) decrease in de Ritis ratio
4) increase in gamma-glutamyl transferase activity

7. Which disease is often found in patients with atopic dermatitis?

1) bronchial asthma
2) chronic obstructive pulmonary disease
3) exogenous allergic alveolitis
4) idiopathic pulmonary fibrosis

8. In iron deficiency anemia, the following characteristic of erythrocytes is observed in the complete blood count

1) hypochromia
2) hyperchromia
3) microspherocytosis
4) acanthocytosis

9. Optimal cholesterol concentration for healthy individuals is

1) up to 5 mmol/L
2) up to 6 mmol/L
3) up to 7 mmol/L
4) up to 8 mmol/L

10. The typical form of myocardial infarction is

1) anginal
2) cerebral
3) arrhythmic
4) asthmatic

11. The simplest and most informative method for diagnosing the functional class of chronic heart failure is

1) 6-minute walk distance
2) weighing
3) Echo-CG

4) bicycle ergometry

12. Cytolysis syndrome in chronic hepatitis of any etiology, is characteristed by
1) increase in transaminase levels
2) increase in alkaline phosphatase levels
3) increase in cholesterol levels
4) increase in direct bilirubin levels

13. Hepatocellular function in liver cirrhosis is assessed by the scale
1) Child-Pugh
2) Wilson-Konovalov
3) Budd-Chiari
4) Shereshevsky-Turner

14. The key method for diagnosing pneumonia is
1) chest radiography
2) fibrobronchoscopy
3) computed tomography
4) pulmonary function testing

15. The main pharmacological method of pathogenetic therapy for ST-elevation myocardial infarction in patients admitted no later than 6 hours from the onset of the disease is
1) thrombolytic therapy
2) intravenous infusion of heparin
3) intravenous infusion of selective beta-blockers
4) intravenous infusion of nitroglycerin

16. An increase in troponin concentration in patients with myocardial infarction is determined within
1) 7-14 days
2) 3-5 days
3) 12-24 hours
4) 2-3 months

17. In patients with IHD and post-infarction cardiosclerosis, long-term use of low doses of acetylsalicylic acid
1) reduces the risk of recurrent MI
2) reduces the risk of recurrent MI only in men
3) does not affect the prognosis
4) is recommended only for patients with concomitant type 2 diabetes mellitus

18. The cardiospecific isoenzyme is
1) creatine phosphokinase MB
2) aspartate aminotransferase
3) creatine phosphokinase BB
4) lactate dehydrogenase-3

19. A sign of left ventricular heart failure is
1) attacks of cardiac asthma
2) swelling of the legs
3) hepatomegaly
4) visible pulsation of veins in the neck

20. Creatorrhea is characteristic of
1) chronic pancreatitis
2) Crohn's disease
3) ischemic colitis
4) irritable bowel syndrome

21. A reliable sign distinguishing the first stage of status asthmaticus from an attack of bronchial asthma is
1) refractoriness to the use of inhaled b2-agonists
2) appearance of cyanosis of the nasolabial triangle
3) auscultation of wheezing
4) change in hemodynamic parameters

22. Which sign is mandatory for verifying the diagnosis of pneumonia
1) focal-infiltrative changes on the results of radiological examination
2) febrile body temperature
3) auscultatory detection of moist fine rales or crepitation
4) leukocytosis or leukopenia in the complete blood count

23. Peak flowmetry allows one to
1) assessing the variability of PEF over a period of time
2) assessing external respiratory function in children under 2 years
3) assessing FVC
4) assessing FEV1

24. Characteristic changes in spirometric parameters during exacerbation of bronchial asthma are
1) a decrease in forced expiratory volume in the first second
2) decrease in forced vital capacity of the lungs
3) an increase in the Tiffeneau index
4) a decrease in inspiratory power

25. OVERLAP phenotype is
1) a combination of COPD and bronchial asthma in one patient
2) a combination of COPD and pneumonia in one patient
3) a combination of COPD exacerbation and hemodynamic instability in one patient
4) a combination of COPD and arterial hypertension in one patient

26. An irreversible mechanism of bronchial obstruction is
1) expiratory collapse of bronchi
2) bronchospasm
3) hypercrinia
4) dyscrinia

27. The "gold standard" for diagnosing liver cirrhosis is
1) liver biopsy
2) splenoportometry
3) liver scintigraphy
4) ultrasound of the abdominal organs

28. The most important criterion for diagnosing chronic bronchitis is
1) cough with sputum for at least 3 months per year over the last two

years

2) presence of bronchial obstruction
3) change in blood gas composition
4) appearance of dyspnoea in the patient during ordinary physical exertion

29. The basic medications for the treatment of asthma include

1) antileukotriene medicines
2) antihistamines
3) cromoglycates
4) mucolytics

30. What is the target blood pressure level in most patients with arterial hypertension

1) less than 140/90 mm Hg
2) less than 120/70 mm Hg
3) less than 130/80 mm Hg
4) less than 150/90 mm Hg

31. Grade I arterial hypertension s in mm Hg, according to the classification recommended by WHO/ISH experts, is

1) systolic BP 140-159, diastolic - 90-99
2) systolic BP below 140, diastolic - below 90
3) systolic BP 140-150, diastolic - 94-100
4) systolic BP 160-180, diastolic - 94-100

32. What is the most common cause of myocardial infarction

1) thrombosis of a coronary artery
2) coronary spasm
3) embolism of the coronary artery
4) erosion of an atherosclerotic plaque

33. An irreversible component of bronchial obstruction is

1) peribronchial fibrosis
2) bronchial spasm
3) inflammatory edema in the bronchial mucosa
4) impaired function of the mucociliary apparatus of the bronchi

34. A significant risk factor for the odevelopment of chronic bronchitis is

1) smoking
2) alcoholism
3) obesity
4) physical inactivity

35. For severe COPD, the following respiratory function parameters are characteristic

1) FEV1/FVC < 0.70; FEV1 < 30% of predicted or FEV1 < 50% of predicted in combination with chronic respiratory failure
2) FEV1/FVC < 0.70; FEV1 > 60% of predicted
3) FEV1/FVC < 0.70; 50% < FEV1 < 70% of predicted
4) FEV1/FVC < 0.70; 60% < FEV1 < 80% of predicted

36. Name one of the main clinical criteria of chronic kidney disease

1) albuminuria/proteinuria
2) decrease in concentration function of the kidneys

3) hematuria
4) cylindruria

37. Criterion for stage III of chronic kidney disease
1) GFR 30-59 mL/min
2) GFR < 40 mL/min
3) GFR 15-29 mL/min
4) GFR < 15 mL/min

38. Which patients with hypertensive disease are indicated for non-pharmacological control of blood pressure
1) young patients with grade I AH for 6-12 months
2) patients with AH with target organ damage
3) patients with coronary risk of 20% or more while BP remains within 140/90 mm Hg and above
4) patients with a coronary risk less than 20% while BP remains above 160/95 mm Hg

39. Which medicines improve the prognosis in patients with IHD who have had myocardial infarction?
1) beta-blockers
2) nitrates
3) dihydropyridine calcium antagonists
4) digoxin

40. To restore iron stores in the presence of iron deficiency anemia, iron therapy should be carried out for
1) 3-6 months
2) 2 months
3) 3 weeks
4) 5-7 days

41. Iron absorption in the intestine is most intense from
1) meat products
2) fruits
3) apples
4) carrots

42. Treatment of moderate bronchial asthma should begin with the use of
1) inhaled glucocorticosteroids
2) acolate
3) sodium cromoglycate
4) systemic glucocorticosteroids

43. In the diet of a patient with hypertensive disease, the first place among restrictions is occupied by the consumption of
1) table salt
2) vegetable fats
3) carbohydrates
4) water

44. Moist rales in chronic bronchitis are a sign of
1) bronchial hypersecretion
2) presence of diffuse peribronchial sclerosis

3) obstruction
4) tracheobronchial dyskinesia

45. The most common complication in the first hours of acute myocardial infarction is
1) rhythm disturbance
2) cardiogenic shock
3) pulmonary oedema
4) rupture of the heart

46. The most reliable confirmation of pancreatitis is
1) a high level of amylase in the blood (diastase in urine)
2) girdle pain
3) hyperglycemia
4) steatorrhea

47. Melena in the presence of hepatosplenomegaly is suspicious for
1) bleeding from varicose veins of the esophagus
2) bleeding duodenal ulcer
3) ulcerative colitis
4) thrombosis of mesenteric arteries

48. Portal hypertension can be observed in
1) liver cirrhosis
2) chronic hepatitis
3) metastatic liver cancer
4) chronic pancreatitis

49. The presence of erosions in the antral part of the stomach is characteristic of
1) Helicobacter pylori infection
2) acute gastritis
3) autoimmune gastritis
4) granulomatous gastritis

50. In the presence of diarrhea and absence of malabsorption syndrome, one may think of
1) irritable bowel syndrome
2) achlorhydria
3) granulomatous colitis
4) gluten enteropathy

51. To which of the listed categories should a patient be assigned who during the 6-minute walk test covers a distance of 350 m
1) NYHA functional class II
2) NYHA functional class I
3) NYHA functional class III
4) NYHA functional class IV

52. To which of the listed categories should a patient be assigned who has no hemodynamic impairment, has latent heart failure and asymptomatic left ventricular dysfunction
1) Stage I CHF (according to the OSSN classification)
2) Stage IIA CHF (according to the OSSN classification)
3) Stage IIB CHF (according to the OSSN classification)

4) Stage III CHF (according to the OSSN classification)

53. The duration of treatment of iron deficiency anemia in elderly patients will be
1) 3-4 months
2) 1 month
3) 2-3 months
4) 2 weeks

54. Choose the medicine prescribed for the treatment of B12-deficiency anemia
1) cyanocobalamin
2) prednisolone
3) heparin
4) methyldopa

55. Thrombolysis in acute myocardial infarction is effective in the first
1) 6 hours
2) 14 hours
3) 16 hours
4) only in the first 2 hours

56. Improve long-term prognosis in patients who have had large-focal myocardial infarction
1) β-blockers
2) indirect anticoagulants
3) nitrates
4) antibiotics

57. Immunosuppressive therapy for chronic glomerulonephritis includes
1) corticosteroids and cytostatics
2) anticoagulants
3) antibiotics
4) nonsteroidal anti-inflammatory drugs

58. In acute myocardial infarction, the activity level of which substance rises in the blood serum earlier than others
1) myoglobin
2) CPK
3) LDH
4) AST

59. Eosinophilia in sputum is most characteristic of
1) bronchial asthma
2) acute bronchitis
3) chronic bronchitis
4) pneumonia

60. Cholestatic syndrome is a characteristic manifestation of
1) primary biliary cirrhosis
2) chronic hepatitis C
3) autoimmune hepatitis
4) Wilson's disease

61. Iron deficiency anemia is characterized by
1) hypochromia, microcytosis, increased iron-binding capacity of serum

2) hypochromia, microcytosis, decreased iron-binding capacity of serum
3) hypochromia, microcytosis, sideroblasts in sternal puncture
4) microcytosis, target erythrocytes

62. Intrinsic factor (Castle's factor) is produced in
1) the fundal part of the stomach
2) the duodenum
3) the small intestine
4) the large intestine

63. A clinical sign characteristic of patients with bronchial obstruction syndrome is
1) impaired exhalation
2) acrocyanosis
3) impaired inhalation
4) hyperthermia

64. The most probable diagnosis in a 35-year-old woman who has been taking oral contraceptives for more than a year and complains of dyspnoea, subfebrile temperature, blood- streaked sputum when coughing, and pain in the left half of the chest is
1) pulmonary embolism
2) spontaneous pneumothorax
3) acute coronary syndrome
4) bronchiectasis

65. The patient, has symmetrical chest movements, box-like sound on percussion, weakened vesicular breathing with prolonged expiration. The most likely diagnosis is
1) pulmonary emphysema
2) pleurisy
3) hydropneumothorax
4) pneumonia

66. Signs of unstable angina are
1) change in the duration and intensity of pain attacks
2) diffuse cyanosis
3) decrease in BP without antihypertensive therapy
4) appearance of pathological Q wave on the ECG

67. The main radiological sign of pneumonia is
1) pulmonary infiltrate
2) atelectasis
3) increased airiness of the lungs
4) honeycomb pattern of the pulmonary markings

68. In adults, the most common cause of pyloric stenosis is
1) peptic ulcer disease
2) stomach cancer
3) hypertrophy of pyloric muscles
4) prolapse of the mucosa through the pyloric canal

69. A reliable clinical sign of pyloric stenosis is
1) vomiting of food eaten the day before

2) vomiting of bile
3) abdominal bloating
4) diarrhea

70. A clinical manifestation of FACIES NEFRITICA is
1) facial edema and pallor of the skin
2) acrocyanosis
3) hemorrhagic rash on the face and trunk
4) diffuse cyanosis

Assessment criteria
"Very good" – 80-100% 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

Standardized case studies and checklists for the **B1.C.44 Internal medicine** 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** Patient I., 31 years old, consulted a doctor due to general weakness, fatigue, dizziness when changing body position, dyspnea when walking. Additional complaints: dry skin, brittle and falling hair, urinary incontinence when coughing. From the anamnesis: follows a vegetarian diet, has not eaten meat for the last 10 years; menstrual cycle 26 days, menstrual flow for 7 days, always heavy, with clots. Objectively: pallor of the skin and visible mucous membranes. Height 165 cm, weight 55 kg. Heart tones are rhythmic, muffled, a blowing systolic murmur is heard at the apex. Pulse 87 per minute, BP 106/70 mm Hg. Otherwise: no peculiarities. Blood test: hemoglobin 82 g/L, erythrocytes 3.5 T/L, MCV 74 fl, MCH 21 pg/cell, MCHC 27 g/dL, serum iron 5.1 μmol/L, TIBC 92 μmol/L, transferrin saturation coefficient with iron 15%, serum ferritin 7.4 μg/L.
Q	1	Question: Indicate the main clinical and laboratory syndrome, how does it manifest itself
Q	2	Question: Formulate the preliminary diagnosis
Q	3	Question: Assess the anemia by laboratory parameters and characterize the parameters of iron metabolism in the patient
Q	4	Question: With which anemias should differential diagnosis be carried out?
Q	5	Question: Prescribe treatment in accordance with clinical recommendations for the treatment of patients with this pathology

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
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Q	1	Question: Indicate the main clinical and laboratory syndrome, how does it manifest itself
A		Correct answer: The patient has manifestations of anemic syndrome — weakness, increased fatigue, dizziness when changing body position, muffled heart tones, blowing systolic murmur at the apex of the heart, dyspnea. Sideropenic syndrome (tissue iron deficiency) is manifested by dry skin, brittle and falling hair, urinary incontinence when coughing
R2	Very good	Correctly names the syndromes, fully indicates their clinical manifestations, necessarily notes the combination of general anemic syndrome with sideropenia syndrome
R1	Good/Satisfactory	Knows general anemic and sideropenic syndromes, does not fully list clinical manifestations; does not name all criteria with correct terminology Correctly names anemic syndrome, does not know its clinical manifestations, does not know clinical manifestations of sideropenia syndrome
R0	Fail	Does not know the main syndromes, does not know their clinical signs, does not possess special terminology
Q	2	Question: Formulate the preliminary diagnosis
A		Correct answer: Iron deficiency anemia of moderate severity against on the background of hypermenorrhea

R2	Very good	Formulates the diagnosis correctly and completely, indicating the degree of severity; may not indicate hypermenorrhea (menorrhagia) in the diagnosis
R1	Good/Satisfactory	Formulates the diagnosis correctly, but doesn't indicate the degree of severity Formulates the diagnosis "anemia", does not know the form of the disease and does not indicate the degree of severity
R0	Fail	Cannot formulate the diagnosis
Q	3	Question: Assess the anemia by laboratory parameters and characterize the parameters of iron metabolism in the patient
A		Correct answer: Hypochromic (MCH 21 pg/cell, MCHC 27 g/dL) microcytic (MCV 74 fl) anemia. The patient has a decrease in hemoglobin level to 82 g/L, which indicates moderate severity of anemia, a decrease in erythrocytes to 3.5 T/L. Iron deficiency is proven by changes in the parameters characterizing iron metabolism: a decrease in serum iron to 5.1 μmol/L, ferritin (7.4 μg/L), transferrin saturation coefficient (15%), increase in total iron-binding capacity of serum to 92 μmol/L
R2	Very good	Lists in full the laboratory criteria for anemia and iron deficiency identified in the patient, correctly interprets laboratory data, knows normal values of laboratory parameters
R1	Good/Satisfactory	Doesn't list in full the laboratory criteria of anemia and iron deficiency, interprets laboratory data with 1-2 errors, knows normal values of laboratory parameters Can evaluate 2-3 laboratory parameters, does not know reference values of hemoglobin and erythrocytes
R0	Fail	Cannot characterize the anemia by laboratory criteria, does not know indicators of iron metabolism
Q	4	Question: With which anemias should differential diagnosis be carried out?
A		Correct answer: Most often, hypochromia of erythrocytes occurs in iron deficiency anemia (IDA). Other causes may be thalassemia, anemia of chronic disease (ACD). Thalassemia — target erythrocytes in the blood, normal or elevated iron content in the blood, unconjugated hyperbilirubinemia, reticulocytosis, splenomegaly (not always), icterus of the skin and sclerae, darkening of urine. Anemia of chronic disease — sideropenic syndrome is not observed: changes in the skin and its appendages (dryness, hair loss), changes in mucous membranes, perversion of taste; laboratory parameters: normal iron-binding capacity of serum, elevated C-reactive protein
R2	Very good	Can carry out a differential diagnosis, differential diagnosis with B-12 deficiency anemia, aplastic, hemolytic anemias is allowed
R1	Good/Satisfactory	Carries out a differential diagnosis with the 2 most common anemias, correctly builds the diagnostic search, but is not precise in characterizing the clinical and laboratory manifestations of various anemias Names with which anemias IDA can be differentiated, but cannot conduct differential diagnosis
R0	Fail	Does not know the nosologies for differential diagnosis, cannot carry out a differential diagnosis

Q	5	Question: Prescribe treatment in accordance with clinical recommendations for the treatment of patients with this pathology
A		Correct answer: Diet rich in iron (red meat). It should be remembered that without the use of iron preparations, IDA cannot be eliminated. Treatment with oral iron-containing preparations (ferrous and ferric iron): stage 1: elimination of iron deficiency and anemia, stage 2: replenishment of iron stores, stage 3: anti-relapse therapy. Treatment of anemia: iron preparations, for example, iron polymaltose, chewable tablets 100-150 mg per day orally with food until hemoglobin level normalizes (1-3 months). Restoration of iron depot: daily doses of iron preparations 50-100 mg daily orally until ferritin level normalizes (on average 3-4 months). Prophylactic treatment: 7-10 days after menstruation in therapeutic dosages. Consultation and follow-up with a gynecologist is mandatory
R2	Very good	Prescribes treatment in accordance with clinical recommendations, knows forms and dosages of medicines, prescribes iron for therapeutic and prophylactic purposes, and points out the importance of diet
R1	Good/Satisfactory	Knows different forms of iron preparations, knows dosages, points out the need for oral intake of iron preparations, does not prescribe treatment for restoring iron stores, does not prescribe preventive treatment Uses iron preparations for treatment, does not know the prescription regimen or dosages, makes mistakes in treatment tactics
R0	Fail	Cannot prescribe treatment in accordance with clinical recommendations, does not know the regimen of iron therapy and does not know medicinal forms and dosages of iron preparations

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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Man, 59 years old, at a dentist appointment complains of periodic pressing pain behind the sternum, radiating to the left arm and shoulder blade, occurring on walking within 200 m and/or climbing to the 1st floor, almost daily. The pain is relieved independently after cessation of physical exertion or taking 1-2 tablets of nitroglycerin after 2-3 minutes. Anamnesis of the disease: for the first time pressing pain behind the sternum during moderate physical exertion occurred about 3 years ago. A year later he consulted a therapist at a paid consultative polyclinic. Examination was prescribed (results presented) and treatment. Over the last 6-8 months he noted an increase in the frequency of attacks of retrosternal pain and a decrease in tolerance to physical exertion. Takes Nitroglycerin (nitro-spray) to

		relieve pain up to 2-3 times a day, Cardiket 20 mg 2 times a day, Aspirin 100 mg at night. Statins prescribed 3 years ago by the therapist were taken for a short time, he hasn't taken them for the last two years. Life anamnesis: smokes for about 20 years, 1 pack per day. Family history: father died at the age of 62 from myocardial infarction. Objectively: General condition is satisfactory. Normosthenic constitution. BMI 26 kg/m². No peripheral edema. Respiratory rate - 18 per minute, vesicular breathing in the lungs, no rales. Heart borders on percussion: right - right edge of the sternum in the IV intercostal space, upper - III intercostal space, left - 1.0 cm inward from the left midclavicular line in the V intercostal space. Heart tones - I tone is muffled at the apex, rhythm is correct, no murmurs. Heart rate - 82 beats per minute. BP - 135/80 mm Hg. Liver and spleen are not palpable. Effleurage symptom in the lumbar region is negative. Stool, diuresis without peculiarities. Presented results of examination from 2 years ago: total cholesterol - 6.6 mmol/L ECG: Sinus rhythm, 70 per minute, single ventricular extrasystole. EchoCG: Heart cavities are not dilated, global myocardial contractility is not reduced. EF 63%
Q	1	Question: Formulate the preliminary diagnosis and justify it
Q	2	Question: Make a plan for examining the patient. Justify it
Q	3	Question: During the follow-up examination of the patient, according to EchoCG, signs of aortic atherosclerosis and a decrease in global myocardial contractility to 49% were revealed; according to Holter ECG, the average heart rate per day is 85 per minute, rare ventricular extrasystoles, diagnostically significant changes in the ST segment were not detected during the entire observation period. Laboratory total cholesterol 6.9 mmol/L, LDL 4.7 mmol/L. Determine the further tactics of examining this patient
Q	4	Question: Evaluate the pharmacotherapy received by the patient. Justify the correction of therapy if necessary
Q	5	Question: Name the main factors of atherosclerosis development of this patient

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
I		**READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS** Man, 59 years old, at a dentist appointment complains of periodic pressing pain behind the sternum, radiating to the left arm and shoulder blade, occurring on walking within 200 m and/or climbing to the 1st floor, almost

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Q	1	Question: Formulate the preliminary diagnosis and justify it
A		Correct answer 1. IHD. Angina pectoris. Coronary pressing pain behind the sternum with radiation to the left arm, back, jaw, actually epigastric region, closely related to physical exertion and/or emotional stress, completely relieved after cessation of physical exertion or intake of nitroglycerin. 3. Stable Stable character - the threshold of physical exertion is unchanged over the last 6-8 months 4. FC 3. 3 functional class - pain occurring when walking 100-200 m or climbing to the 1st floor according to the classification of the Canadian Cardiovascular Society;
R2	Very good	All 4 points of the diagnosis formulation are indicated and justified
R1	Good/Satisfactory	3 points of the diagnosis formulation are indicated and justified 3 points of the diagnosis formulation are indicated and justified
R0	Fail	The diagnosis is formulated incorrectly
Q	2	Question: Make a plan for examining the patient. Justify it

A		Correct answer A. Laboratory methods of examination 1. Complete blood count, 2. biochemical blood test (glucose, creatinine, urea, total bilirubin, AST, ALT), 3. TSH, free T4, 4. Cholesterol and lipid profile, B. Instrumental methods of examination 1. ECG, 2. EchoCG, 3. Holter ECG monitoring
R2	Very good	Sections A and B are indicated in full
R1	Good/Satisfactory	Sections A or B are not indicated in full Section A or B are indicated
R0	Fail	Sections A and B are not indicated
Q	3	Question: During the follow-up examination of the patient, according to EchoCG, signs of aortic atherosclerosis and a decrease in global myocardial contractility to 49% were revealed; according to Holter ECG, the average heart rate per day is 85 per minute, rare ventricular extrasystoles, diagnostically significant changes in the ST segment were not detected during the entire observation period. Laboratory total cholesterol 6.9 mmol/L, LDL 4.7 mmol/L. Determine the further tactics of examining this patient
A		Correct answer 1. consultation with a cardiologist 2. purpose of consultation - performance of CAG
R2	Very good	Both points are indicated and justified: consultation with a cardiologist and performance of CAG (decrease in myocardial contractility according to EchoCG), high LDL level
R1	Good/Satisfactory	Indications of point 1 are unclearly justified, the necessity of point 2 is indicated; Indications of point 1 are justified, indication of point 2 is not indicated
R0	Fail	Points 1 and 2 are not indicated
Q	4	Question: Evaluate the pharmacotherapy received by the patient. Justify the correction of therapy if necessary
A		Correct answer The patient doesn't receive BAB (heart rate on examination 82 per minute, average daily heart rate according to Holter ECG 85 per minute). It is necessary to prescribe BAB in a dose necessary to achieve target heart rate values (from 55 to 65 per minute). 2. The patient does not receive statins. Prescription of statins in an adequate dose until the target LDL value of 1.8 mmol/L is achieved.
R2	Very good	Points 1 and 2 are correctly indicated and justified
R1	Good/Satisfactory	Both points are indicated, their prescription is unclearly justified Point 1 or 2 is indicated and justified
R0	Fail	One of the points is indicated without justification
Q	5	Question: Name the main factors of atherosclerosis development of this patient
A		Correct answer Non-modifiable risk factors:

		1. Age >55 years 2. Male sex 3. Aggravated heredity for CVD Modifiable risk factors 4. Smoking 5. Hypercholesterolemia 6. Obesity 7. Sedentary lifestyle 8. High level of stress and emotional overstrain 9. Irrational (unhealthy) nutrition, including low consumption of complex carbohydrates (vegetables, cereals, etc.)
R2	Very good	All risk factors are indicated
R1	Good/Satisfactory	8 out of 9 risk factors are indicated 6 out of 9 are indicated
R0	Fail	Less than 50% are indicated

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..

Appendix 1

Practical Skills Assessment Checklist

Practical Skill Name: Percussion and palpation of the liver

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		
	Action		Performed	Not Performed
Preparatory stage				
1.	Ask the patient to take a supine position, legs bent at the knees to 130-150°. The doctor sits to the right of the patient on a separate chair.		1 point	-1 point
2.	Determine the lower border of the liver along the midclavicular line. The plessimeter finger is placed on the midclavicular line at the level of the umbilicus parallel to the presumed border.		1 point	-1 point
3.	Percussion in the direction from a clearer sound to a duller one. Mark along the outer edge of the plessimeter finger facing the clearer sound. Give a conclusion.		1 point	-1 point
4.	The left hand is placed on the chest at the level of the costal arch on the right, the 1st finger is directed towards the anterior median line, the doctor's palm grasps and slightly fixes the costal arch.		2 points	-2 points
5.	The right hand with 4 fingers slightly bent at the interphalangeal joints is placed 1 cm below the found border of the liver		1 point	-1 point
6.	A skin fold is formed, directed downward. The patient is asked to inhale with the abdomen and then exhale maximally and hold the breath.		1 point	-1 point
7.	On exhalation, the fingers are immersed in the area of the right hypochondrium and the patient is asked to inhale again, at the moment of which a palpating movement is performed.		1 point	-1 point
8.	Give a conclusion. Assess the edge of the liver, its elasticity, tenderness, shape		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

Practical Skills Assessment Checklist

Practical Skill Name: Examination of the pulse on the radial artery

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		
	Action		Performed	Not Performed
Preparatory stage				
1.	Palpation of the radial artery is performed with three fingers from the medial edge of the forearm in the area of the projection of the radial artery simultaneously on both arms		1 point	-1 point
2.	Assessment of the presence of a different pulse. By the shape and speed of the pulse wave arrival. Give a conclusion corresponding to the norm.		1 point	-1 point
3.	Determination of the pulse on one of the radial arteries for 1 minute		1 point	-1 point

4.	Assess the rhythm of the pulse and count the number. Give a conclusion corresponding to the norm	2 points	-2 points
5.	Assess the filling and tension of the pulse. Give a conclusion corresponding to the norm.	1 point	-1 point
6.	Diagnostic significance of the pulse on the radial artery (give 2 examples).	3 points	-3 points Only one example - 1 point
Total		10 points	

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

Practical Skills Assessment Checklist

Practical Skill Name: Examination of the lower extremities and examination of the pulse on peripheral arteries

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		
	Action		Performed	Not Performed
Preparatory stage				
1.	Examination of the skin of the lower extremities: determination of skin color, moisture, hair growth, presence of trophic disorders. Give a conclusion		1 point	-1 point
2.	Palpation of the posterior tibial artery: along the posterior edge of the medial malleolus simultaneously on the right and left. Assessment of the presence and symmetry of the pulse.		1 point	-1 point
3.	Palpation of the artery of the dorsum of the foot: on the dorsal surface of the foot in the proximal part of the I intermetatarsal space simultaneously on the right and left. Assessment of the presence and symmetry of the pulse.		1 point	-1 point
4.	Ask the patient to lie down on the couch on the stomach and bend the legs at the knees at a right angle.		1 point	-1 point
5.	Palpation of the popliteal artery: in the medial half of the popliteal fossa simultaneously on the right and left. Assessment of the presence and symmetry of the pulse		1 point	-1 point
6.	Ask the patient to lie down on the couch on the back, straighten and slightly rotate the legs outward.		1 point	-1 point
7.	Palpation of the femoral artery: directly below the middle of the inguinal ligament. Assessment of 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" - at least 75% of required actions performed
"Fail" - 74% of required actions or less performed

Practical Skills Assessment Checklist

Practical Skill Name: Examination of the skin

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		
	Action		Performed	Not Performed
Preparatory stage				
1.	Ask the patient to undress for examination of the skin		1 point	-1 point
2.	Examine the skin and visible mucous membranes.		1 point	-1 point
3.	Examine the appendages of the skin (hair and nails).		1 point	-1 point
4.	Assess the color of the skin, palms.		1 point	-1 point
5.	Identify the presence of rashes on the skin, their nature.		1 point	-1 point
6.	Determine the presence of central cyanosis		1 point	-1 point
7.	Determine the presence of edema.		1 point	-1 point
8.	Examine the eyes for the presence of discharge, its nature; clouding of the cornea, redness of the conjunctiva of the eyes		1 point	-1 point
9.	Examine the auricle and the auditory canal		1 point	-1 point
10.	Make a conclusion		1 point	-1 point
Total			10 points	

Assessment criteria:

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

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