

Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE

RHEUMATOLOGY, GASTROENTEROLOGY

Direction of training (specialty): General Medicine

code, name

Department: Endocrinology and Internal Medicine

Form of study: full-time

(full-time, part-time, correspondence)

Nizhny Novgorod

2021

1. Bank of assessment tools of progress, intermediate certification of students in the discipline / practice

This Bank of assessment tools (BAT) for the discipline "**RHEUMATOLOGY, GASTROENTEROLOGY**" is an integral appendix to the working program of the discipline "Fundamentals of Gastroenterology". All approval requisites presented in the RPA for this discipline apply to this BAT.

(Funds of assessment means allow to assess the achievement of the planned results stated in the educational program.

Assessment means - a fund of control tasks, as well as a description of the forms and procedures designed to determine the quality of students' mastering of educational material).

2. List of assessment tools

To determine the quality of learning material mastering by students in the discipline/practice the following assessment tools are used:

No. n/a	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the WCF
1	Tests	A system of standardized tasks, allowing to automate the procedure measuring the level of knowledge and skills of the learner	Test Bank tasks
2	Situational challenges	A method of control that allows to assess the criticality of thinking and the degree of mastering the material, the ability to apply theoretical knowledge in practice	List of tasks
3	Individual survey	A means of control to assess the degree of disclosure of the material	List of questions

3. List of competencies with indication of stages of their formation in the process of mastering the educational program and types of assessment tools

Code and wording of	Stage competence	Controlled sections of the discipline	Assessment tools
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competence*	building		
<p><i>UK- 1</i> Able to critically analyze problem situations on the basis of a systematic approach, develop a strategy of action</p>	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<p><i>UK- 4</i> Able to apply modern communicative technologies, including in foreign language(s), for academic and professional</p>	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

interaction		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
MC-5 Able to analyze and take into account the diversity of cultures in the process of intercultural <i>interaction</i>	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis	Interview 1 Tests 10 Report 5

		Osteoporosis	Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>OPK - 1</i> Able to implement moral and legal norms, ethical and deontological principles in professional activities	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>OPK - 2</i> Able to carry out and control the effectiveness of	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

measures on prevention, formation of a healthy lifestyle and hygienic education of the population.		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>OPK - 4</i> Able to use medical devices provided for by the order of medical care, as well as to conduct patient examinations to establish a diagnosis	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5

			Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<p><i>OPK - 5</i> Able to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems</p>	<p>Ongoing</p>	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

<p><i>OPK - 6</i> Able to organize patient care, provide primary health care, ensure the organization of work and professional decision-making in emergency conditions at the pre-hospital stage, in emergencies, epidemics and mass casualty areas</p>	<p>Ongoing</p>	<p>GI diseases, anemias, paraneoplastic syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Non-alcoholic fatty liver disease and cirrhosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic vasculitis. Systemic scleroderma. Dermatomyositis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Rheumatoid arthritis B27 antigen circle diseases</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Osteoarthritis and microcrystalline arthritis Osteoporosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic lupus erythematosus and antiphospholipid syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
<p><i>OPK-7</i> Able to prescribe treatment and monitor its efficacy and safety</p>	<p>Ongoing</p>	<p>GI diseases, anemias, paraneoplastic syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Non-alcoholic fatty liver disease and cirrhosis</p>	<p>Interview 1 Tests 10 Report 5</p>

			Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>OPK - 10</i> Able to solve standard problems of professional activity with the use of information, bibliographic resources, medical and biological terminology, information and communication technologies, taking into account the basic requirements of information security.	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<p><i>OPK - 11</i> Able to prepare and apply scientific, research and production, design, organizational, managerial and regulatory documentation in the health care system</p>	<p>Ongoing</p>	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

<p><i>PC - 1</i> Able to assess the condition of a patient requiring emergency or urgent care</p>	<p>Ongoing</p>	<p>GI diseases, anemias, paraneoplastic syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Non-alcoholic fatty liver disease and cirrhosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic vasculitis. Systemic scleroderma. Dermatomyositis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Rheumatoid arthritis B27 antigen circle diseases</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Osteoarthritis and microcrystalline arthritis Osteoporosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic lupus erythematosus and antiphospholipid syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
<p><i>PC - 2</i> Able to recognize conditions arising from sudden acute</p>	<p>Ongoing</p>	<p>GI diseases, anemias, paraneoplastic syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>

illnesses, exacerbation of chronic diseases without obvious signs of threat to the patient's life and requiring emergency medical care, recognize life-threatening conditions, including conditions of clinical death (arrest of vital functions of the human body (blood circulation and/or respiration), requiring emergency medical care		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC - 3</i> Able to provide emergency medical care	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

<p>to patients in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of threat to the patient's life, to provide emergency medical care to patients in case of conditions that pose a threat to the patient's life, including clinical death (stop of vital functions of the human body (blood circulation and/or respiration)).</p>		<p>Non-alcoholic fatty liver disease and cirrhosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic vasculitis. Systemic scleroderma. Dermatomyositis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Rheumatoid arthritis B27 antigen circle diseases</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Osteoarthritis and microcrystalline arthritis Osteoporosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic lupus erythematosus and antiphospholipid syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
<p><i>PC - 4</i> Able to administer medicines and</p>	<p>Ongoing</p>	<p>GI diseases, anemias, paraneoplastic syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5</p>

medical devices when providing medical care in emergency or urgent forms			Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
PC-5 Able to collect complaints, anamnesis of the patient's life and disease, conduct a complete physical examination of the patient (inspection, palpation, percussion, auscultation), formulate a preliminary	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

diagnosis and make a plan for laboratory and instrumental examinations of the patient, including diagnostic tests with the use of modern technical means and digital technologies.		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC - 6</i> Able to refer a patient for laboratory, instrumental examination, consultation with medical specialists in the presence of medical indications in accordance with the current order of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care, as	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

well as refer a patient for specialized medical care in inpatient or day care in the presence of medical indications in accordance with the current order of medical care		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC - 7</i> Able to perform differential diagnosis with other diseases/conditions, including emergency conditions, establish a diagnosis taking into account the current international statistical classification of diseases and health-related	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5

problems (ICD)			Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC-8</i> Able to develop a treatment plan for a disease or condition and prescribe medications, medical devices, therapeutic nutrition and non- medicinal treatment taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care and evaluate the	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

effectiveness and safety of the use of drugs, medical devices, therapeutic nutrition and other methods of treatment.		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC-9</i> Able to provide palliative care in collaboration with specialized physicians and other health care providers	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Stomach diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Individualized treatment of rheumatoid arthritis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5

			Credit
<p><i>PC - 10</i> Able to organize personalized treatment of the patient, including pregnant women, elderly and elderly patients, assess the effectiveness and safety of treatment</p>	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<p><i>PC - 13</i> Able to refer a patient in need of medical rehabilitation to a medical specialist for prescription and implementation of medical rehabilitation measures, including</p>	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

<p>prescription and implementation of sanatorium-resort treatment, and to perform medical rehabilitation measures for the patient, including in the implementation of an individual program of rehabilitation or habilitation of disabled persons, in accordance with the current procedures of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the following standards</p>		<p>Systemic vasculitis. Systemic scleroderma. Dermatomyositis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Rheumatoid arthritis B27 antigen circle diseases</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Osteoarthritis and microcrystalline arthritis Osteoporosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Systemic lupus erythematosus and antiphospholipid syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
<p><i>PC - 16</i> Able to organize and supervise immunoprophylaxis of infectious diseases in the adult population, prescribe preventive</p>	<p>Ongoing</p>	<p>GI diseases, anemias, paraneoplastic syndrome</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>
		<p>Non-alcoholic fatty liver disease and cirrhosis</p>	<p>Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit</p>

measures for patients taking into account risk factors in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care and monitor compliance with preventive measures		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC - 19</i> Able to form healthy lifestyle programs, including programs to reduce alcohol and tobacco consumption, prevent and combat non-medical use of narcotic drugs and psychotropic substances,	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5

assess the effectiveness of preventive work with patients			Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
<i>PC - 22</i> Able to maintain medical records, including electronic records within the framework of MIS	Ongoing	GI diseases, anemias, paraneoplastic syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Non-alcoholic fatty liver disease and cirrhosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Systemic vasculitis. Systemic scleroderma. Dermatomyositis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Rheumatoid arthritis B27 antigen circle diseases	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
		Osteoarthritis and microcrystalline arthritis Osteoporosis	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit

		Systemic lupus erythematosus and antiphospholipid syndrome	Interview 1 Tests 10 Report 5 Situational tasks - 5 Credit
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* - not provided for postgraduate programs

4. Content of assessment means of input, current control

Assessment tools for entry control.

Assessment Tool 1.

1. Interview on "Individualized treatment of rheumatoid arthritis".
2. Interview on "Osteoporosis".
3. Interview on "Osteoarthritis and microcrystalline arthritis".
4. Interview on "Diseases of the stomach".
5. Interview on "Non-alcoholic fatty liver disease and cirrhoses".
6. Interview on "Gastrointestinal diseases, anemias, paraneoplastic syndrome".

Evaluation means for current control.

Assessment Tool 1 - Tests.

1. Which of the following is NOT common in cirrhosis of THE liver?
 - a. Increased blood bilirubin levels
 - b. transaminase elevation
 - c. decreased albumin level
 - d. anemia
 - e. increased alkaline phosphatase*
2. In reflux esophagitis use: a) nitroglycerin; b) motilium; c) no-shpa; d) de-nol; e) maalox; f) ranitidine. Select the correct combination:
 - a. a, b, c
 - b. b, c, d
 - c. c, d, e
 - d. a, d, e, f
 - e. b, e, f*
3. Which quantitative scale is used to determine the severity of cirrhosis:
 - a. APACHE I

- b. Glasgow score
- c. MELD score
- d. APACHE II
- e. Child-Pugh *

4. The symptom of "muscle guarding" on palpation of the epigastric region may be at:

- a. the debut of acute cholecystitis.
- b. acute pancreatitis
- c. acute gastritis
- d. acute duodenitis
- e. all correct

5. A bulge of the anterior abdominal wall on gross examination may be a manifestation of all of the above conditions except:

- a. small intestinal obstruction
- b. splenomegaly
- c. hepatomegaly
- d. chronic active gastritis*
- e. cancer

6. Spreading intense abdominal pain can be caused by

- a. duodenitis
- b. hepatitis
- c. bowel cancer
- d. ovarian cyst
- e. peritonitis

7. Gastrotoxicity of NSAIDs is associated with:

- a. Increased gastrin production
- b. suppression of gastroprotective prostaglandin production
- c. direct irritant effect on gastric mucosa
- d. COX-1 inhibition
- e. true c and d*

8. Name a possible adverse effect of salicylates:

- a. diarrhea
- b. flatulence
- c. dysphagia
- d. formation of gastrointestinal erosions and ulcers*
- e. constipation

9. Primary sclerosing cholangitis is associated with:

- a. alcoholism
- b. viral hepatitis

- c. panreatobiliary reflux.
- d. autoimmune damage to the biliary system.
- e. none of the above

10. The primary goal of treatment for cirrhosis is:

- a. Prevention of disease progression*
- b. complete restoration of the structure of the liver lobules
- c. treatment of complications
- d. liver transplantation
- e. elimination of painful syndromes

11. Symptoms of gastric ulcer perforation include all but:

- a. and rapidly increasing abdominal pain
- b. fever
- c. a feeling of heaviness in the abdomen.
- d. anterior abdominal wall muscle stiffness
- e. acute onset of pain

12. Chronic cholecystitis is most commonly used to diagnose chronic cholecystitis:

- a. ultrasound*
- b. retrograde cholecystography
- c. CT
- d. MRI
- e. all of the above

13. Laboratory confirmation of pseudomembranous colitis is:

- a. *Cl.difficile* in stools
- b. detection of *Cl.difficile* toxin in the stool*
- c. antibodies to *Cl.difficile* by serologic testing
- d. large number of leukocytes and red blood cells in stools
- e. all of the above

14. In the treatment of hepatic encephalopathy in patients with cirrhosis, administration is not recommended:

- a. lactulose
- b. neomycin

- c. rifampicin
- d. metronidazole.
- e. all of the above

15. Extra-abdominal manifestations of inflammatory bowel disease include

- a. atherosclerosis
- b. neuropathy
- c. myopathy
- d. uveitis.
- e. none of the above

16. Which statement regarding GERD is true:

- a. it's caused by reflux of stomach contents into the esophagus.
- b. it's a rare disease
- c. this disease is characteristic of the elderly
- d. all of the above
- e. none of the following is true

17. Transmural inflammation is characterized by

- a. NNC
- b. Crohn's disease*
- c. a and b are true
- d. autoimmune gastritis
- f. none of the above

18. The following diseases are characterized by an increased risk of cancer:

- a. NNC
- b. Crohn's disease
- c. a and b* are true
- d. none of the above

19. Alcoholism is associated with the following diseases:

- a. Chronic pancreatitis
- b. Hepatocellular carcinoma.

- c. Fatty liver disease
- d. all of the following
- e. none of the above

20. Contraindications to liver transplantation for cirrhosis are:

- a. hepatocellular carcinoma
- b. active alcoholism
- c. drug addiction
- d. severe concomitant somatic pathology
- e. all of the above

21. Muscle biopsies from patients with dermatomyositis show all of the following except

- a) infiltration by lymphocytes, plasma cells
- b) necrosis of muscle fibers
- c) loss of transverse striation of muscle fibrils
- d) lymphoid follicles*

22. The histomorphologic features of Sjögren's disease in the course of disease development are as follows

- (a) Lymphoid-plasmacellular infiltration of exocrine glands
- b) lymphoid infiltrates in lungs, kidneys, muscles
- c) immunoblastic lymphadenopathy
- d) all of the above are true *

23. The echocardiographic signs of severe myopericarditis are the following except:

- (a) Left ventricular dilatation with decreased myocardial contractility
- b) separation of pericardium and epicardium with formation of echo-free space between them
- c) hyperkinesia and paradoxical motion of the heart walls
- d) aortic regurgitation *

24. In systemic lupus erythematosus, antibodies to the following antigens are found in the serum

- (a) Native DNA
- b) denatured DNA

- c) histone
- d) all of the above*

25. In rheumatoid arthritis, no synovial fluid is found in the synovial fluid

- (a) Calcium pyrophosphate crystals*
- b) increased protein content
- c) viscosity reduction
- d) rheumatoid factor

26. Synovitis in the advanced clinical picture of systemic scleroderma is characterized by

- (a) Absence of synoviocytes
- b) sharp thickening of the synovial membrane due to massive foci of hyalinosis
- c) scant lymphoid-histiocytic infiltrate
- d) all of the above*

27. Osteoarthritis is characterized by the following synovial fluid values:

- 1) high viscosity
- 2) leukocyte count 25109 in 1 ml
- 3) ragocytes
- 4) uric acid crystals
- 5) decrease in glucose content
- 6) presence of rheumatoid factor
- 7) protein content 20 g/l
- 8) the mucin clot is good
- 9) transparency of synovial fluid
- 10) fragments of cartilage
- 11)bloody character

a) correctly 2, 3, 4, 5, 6 b) correctly 5, 7, 8, 10 c) correctly 1, 4, 7, 9, 11 d) correctly 1, 7, 8, 9, 10 *

28. Destruction of bone tissue is accompanied by an increase in all of the following indicators except

- (a) Increased excretion of hydroxyproline
- b) increase in serum calcium concentration
- c) increase in alkaline phosphatase activity
- d) increase in serum fibrinogen content
- e) true c) and d) *

29. The main methods of radial diagnostics in rheumatoid arthritis are as follows

- 1) standard (screen) radiography
- 2) screenless radiography
- 3) arthrography
- 4) electroradiography
- 5) tomography
- 6) computerized tomography
- 7) nuclear magnetic resonance imaging
- 8) radionuclide techniques

a) correct 1, 8 b) correct 4, 7 c) correct 2, 3 d) correct 1, 2*

30. Which of the following organs is most commonly affected by systemic sclerosis? A) Kidneys B) Lungs C) Liver D) Stomach Answer: B) Lungs

31. What is the estimated prevalence of systemic sclerosis worldwide? A) 100-500 people per million B) 2-10 people per million C) 50-100 people per million D) 500-1000 people per million Answer: B) 2-10 people per million

32. Which type of systemic sclerosis affects only the skin and not internal organs? A) Limited cutaneous systemic sclerosis B) Diffuse cutaneous systemic sclerosis C) Localized scleroderma D) Systemic lupus erythematosus Answer: A) Limited cutaneous systemic sclerosis.

33. Which autoantibody is commonly associated with systemic sclerosis? A) Anti-double-stranded DNA B) Anti-smooth muscle C) Anti-centromere D) Anti-mitochondrial response: C) Anti-centromere

34. Which of the following is a potential treatment option for systemic sclerosis? A) Nonsteroidal anti-inflammatory drugs (NSAIDs) B) Corticosteroids C) Disease-modifying antirheumatic drugs (DMARDs) D) All of the above answers: C) Disease-

modifying antirheumatic drugs (DMARDs)

35. Which of the following is a potential complication of systemic sclerosis? A) Pulmonary hypertension B) Osteoporosis C) Hypothyroidism D) Hypercholesterolemia
Answer: A) Pulmonary hypertension

36. Which of the following is a potential symptom of systemic sclerosis affecting the digestive system? A) Abdominal pain B) Constipation C) Diarrhea D) All of the above
Answer: D) All of the above.

37. Which of the following imaging tests can be used to diagnose systemic sclerosis affecting the lungs? A) Magnetic resonance imaging (MRI) B) Computed tomography (CT) C) X-ray D) Positron emission tomography (PET) Answer: B) Computed tomography (CT).

38. What is the main characteristic feature of systemic sclerosis? A. Joint pain B. Fibrotic scarring of the skin C. Muscle weakness D. Vision problems Answer: B

39. What is the recommended first-line treatment for patients with early diffuse systemic sclerosis of the skin? A. Methotrexate B. Cyclophosphamide C. Mycophenolate mofetil D. Azathioprine Answer: C

40. Which treatment is recommended for patients with late diffuse systemic sclerosis of the skin and significant skin thickening? A. Cyclophosphamide B. Mycophenolate mofetil C. Methotrexate D. Rituximab Answer: B

41. What treatment is recommended for patients with limited systemic sclerosis of the skin and finger ulcers? A. Bosentan B. Prostacyclin analogs C. Endothelin receptor antagonists D. Calcium channel blockers Answer: B

42. Which treatment is recommended for patients with pulmonary arterial hypertension associated with systemic sclerosis? A. Bosentan B. Prostacyclin analogs C. Endothelin receptor antagonists D. Calcium channel blockers Answer: C

43. Which treatment is recommended for patients with interstitial lung disease associated with systemic sclerosis? A. Cyclophosphamide B. Mycophenolate mofetil C. Rituximab D. Nintedanib Answer: B

44. Which treatment is recommended for patients with severe gastrointestinal lesions in systemic sclerosis? A. Proton pump inhibitors B. H2-receptor antagonists C. H2-receptor antagonists C. Prokinetics D. Antibiotics Answer: C

45. Which treatment is recommended for patients with renal crisis in systemic sclerosis? A. ACE inhibitors B. BRAs. BRAS C. Calcium channel blockers D. Beta-blockers
Answer: A

46. What is the recommended treatment for patients with finger ulcers in systemic sclerosis who do not respond to first-line therapy? A. bosentan B. Iloprost C. Endothelin receptor antagonists D. Calcium channel blockers Answer: B

47. What treatment is recommended for patients with Raynaud's phenomenon in systemic sclerosis? A. Calcium channel blockers B. Endothelin receptor antagonists C.

Phosphodiesterase type 5 inhibitors D. Prostacyclin analogs Answer: A

48. What is the cause of most forms of vasculitis? A. Genetic mutations B. Viral infections C. Bacterial infections D. Autoimmune processes Answer: D

49. What is the most common type of vasculitis? A. Giantocellular arteritis B. Polyarteritis nodosa C. Takayasu arteritis D. Wegener's granulomatosis Answer: A

50. Which of the following is NOT a symptom of vasculitis? A. Fatigue B. Fever C. Joint pain D. Hearing loss Answer: D

51. What is the primary diagnostic tool for vasculitis? A. Blood test B. X-ray C. Computed tomography D. Biopsy Answer: D

52. What is the first choice of treatment for vasculitis? A. Antibiotics B. Corticosteroids C. Chemotherapy D. Surgery Answer: B

53. Which of the following is a complication of vasculitis? A. High blood pressure B. Stroke C. Heart attack D. All of the above answers: D

54. Which of the following types of vasculitis affects the skin? A. Takayasu arteritis B. Polyarteritis nodosa C. Kawasaki disease D. Wegener's granulomatosis Answer: C

55. Which of the following is a risk factor for the development of vasculitis? A. Smoking B. Obesity C. Lack of exercise D. High cholesterol Answer: A

56. Which of the following is not a potential complication of corticosteroid treatment for vasculitis? A. High blood pressure B. Increased risk of infection C. Weight gain D. Hearing loss Answer: D

57. Which of the following statements is true about vasculitis? A: It is a condition that affects the lungs. B. It is a type of cancer. C. It is an autoimmune disease that affects blood vessels. D. It is a viral infection.

The correct answer is C

58. Which of the following is NOT a symptom of vasculitis? A. Fever B. Fatigue C. Joint pain D. Hair loss

The correct answer is D

59. Which of the following types of vasculitis is characterized by inflammation of blood vessels in the skin, joints, and gastrointestinal tract? A. Giantocellular arteritis B. Granulomatosis with polyangiitis C. Henoch-Schenlein purpura D. Takayasu's arteritis

The correct answer is B

60. Which of the following tests can be used to diagnose vasculitis? A. X-ray B. MRI C. Biopsy D. Blood test

The correct answer is C

61. Which of the following is the preferred treatment for vasculitis? A. Antibiotics B. Chemotherapy C. Steroids D. Antiviral drugs

The correct answer is C

62. Which of the following is a risk factor for the development of vasculitis? A. Age over 65 years of age B. Smoking C. Lack of physical activity D. High-fiber diet

The correct answer is B

63. Which of the following is a potential complication of vasculitis? A. Blindness B. Deafness C. Loss of taste D. Loss of sense of smell

The correct answer is A

64. Which of the following types of vasculitis affects large arteries, especially arteries of the head and neck? A. Polyarteritis nodosa B. Takayasu's arteritis B. Takayasu's arteritis C. Wegener's granulomatosis D. Henoch-Schönlein purpura

The correct answer is B

65. Which of the following types of vasculitis affects small blood vessels in the skin, lungs, and kidneys? A. Granulomatosis with polyangiitis B. Giantocellular arteritis C. Cherga-Stross syndrome D. Takayasu's arteritis

The correct answer is A

66. Which of the following types of vasculitis primarily affects the blood vessels of the head and neck, especially those that supply the eyes and optic nerves? A. Cherg-Stross syndrome B. Giantocellular arteritis C. Takayasu arteritis D. Polyarteritis nodosa

The correct answer is B

67. What term is used to describe a group of rare conditions that involve chronic muscle inflammation, weakness, and pain? a. Myalgia b. Myasthenia gravis c. Myopathy d. Muscular dystrophy Answer: c. Myopathy

68. What is the most common pattern of weakness in myopathy? a. Distal weakness b. Proximal weakness c. Generalized weakness d. Symmetric weakness Answer: b. Proximal weakness

69. What is the most common subtype of idiopathic inflammatory myopathy? a. Polymyositis b. Dermatomyositis c. Inclusion body myositis d. Necrotizing autoimmune myopathy Answer: b. Dermatomyositis

70. What is a characteristic feature of necrotizing autoimmune myopathy? a. Muscle inflammation with invasion of CD8+ T cells b. Muscle inflammation with invasion of CD4+ T cells c. Muscle inflammation with B-cell invasion d. Muscle inflammation with invasion by neutrophils Answer: a. Muscle inflammation with CD8+ T-cell invasion

71. Which myopathy is frequently associated with interstitial lung disease? a. Polymyositis b. Dermatomyositis c. Inclusion body myositis d. Necrotizing autoimmune

myopathy Answer: b. Dermatomyositis

72. Which autoantibodies are frequently present in patients with necrotizing autoimmune myopathy? a. Anti-Jo-1 b. Anti-Mi-2 c. Anti-SRP d. Anti-HMGCR Answer: d. Anti-HMGCR

73. What is the first-line treatment for inflammatory myopathies? a. Nonsteroidal anti-inflammatory drugs (NSAIDs) b. Corticosteroids c. Disease-modifying antirheumatic drugs (DMARDs) d. Immunomodulatory therapy Answer: b. Corticosteroids

* is the *correct answer*

See also the test tasks on the portal of SDO FGBOU VO PIMU of the Ministry of Health of the Russian Federation

<https://sdo.pimunn.net/course/view.php?id=3132>

Assessment tool 2 (situational tasks).

4.1 Tasks for assessment of competences YK - 1, 4, 5; OПК - 1, 2, 4, 5, 6, 7, 10, 11; ПК - 1, 2, 3, 4, 5, 6, 7, 8, 9, 9, 10, 13, 16, 19, 22:

Task 1.

Patient F., 68 years old, complained of frequent heartburn during the last weeks and intense pain in the pancreatic region and Shoffar's area, occurring at night

or 2-3 hours after a meal. The pain was relieved by taking antacids and also decreased or disappeared after meals.

On examination, the patient is well-nourished, BMI - 37 kg/m². The skin is of normal color and moisture. The abdomen is enlarged in volume due to subcutaneous fatty tissue, painful palpation of epigastric and pyloro-bulbar areas is determined

Urination without peculiarities. For the last 2-3 months stools with a tendency to constipation, without pathological impurities.

Results of laboratory and instrumental methods of examination:

Hemoglobin 126 g/l, red blood cells 4.3 x10¹²/l, CP 0.96, leukocytes 7.1x10⁹/l, reticulocytes 17%, COE 10 mm/hour. ALT - 36 units/l, AST - 35 units/l, GGTP - 14ed/l, cholesterol - 6.87mmol/l, glucose - 5.1mmol/l, total protein - 75g/l.

Fecal occult blood test was negative.

Questions.

1. Presumptive diagnosis.
2. Methods of supplementary examination.
3. Principles of therapy.

Answers: 1 - peptic ulcer disease, 2 - FGDS, laboratory confirmation of Helicobacter infection, 3 - triple therapy according to current clinical guidelines.

Task 2.

Patient M., 28 years old, complained of aching pain in the pyloro-bulbar area,

arising on an empty stomach, at night, against the background of stressful situations (exam at the institute),

occasional belching of air. Pain without irradiation, relieved by food, water, almagel. He has not been examined before. Abdominal pain has been noted for about a year. The real worsening is about 2 months. The patient smokes, does not drink alcohol. He does not follow a diet, eats in fast-food places.

Objectively: the condition is satisfactory. Body temperature 36.7°C. Skin and visible mucous membranes are of normal color. No edema. Peripheral lymph nodes are not enlarged. Vesicular breathing, no rales. HR 16 per min. Heart tones

clear, rhythm correct. HR 72 per min. BP 110/75 mm Hg. Abdomen on palpation soft, painful in the pyloro-bulbar area. Symptoms, Mussi, Ortner, Kerr, Mendel and Shchetkin-Blumberg are negative. The size of the liver according to Kurlov is 9x8x7 cm. The spleen is not enlarged. Stool and urination without peculiarities.

Results of laboratory and instrumental methods of examination:

Clinical blood analysis: Hemoglobin 138 g/l, red blood cells $4.2 \times 10^{12}/l$, CP 0.97, leukocytes $8.1 \times 10^9/L$, sedimentation rate 6 mm/hour.

Urease breath test is positive

Fecal occult blood test was negative.

Ultrasound of abdominal organs - no pathology detected

Questions:

1. Taking into account the data of complaints, anamnesis, presented laboratory data

Determine the most likely diagnosis from the instrumental studies.

2. What additional tests need to be performed?

3. What are the therapeutic tactics for this patient?

Answers: 1 - peptic ulcer disease, 2 - FGDS, 3 - triple therapy according to current clinical guidelines

Task 3.

Patient M, 21 years old, a student, went to the doctor of the polyclinic with complaints of moderate spastic pain in the epigastric region, occurring 20-30 minutes after eating, without irradiation, acid belching, heartburn, constipation.

Considers himself sick for a year, has not sought medical help, has been receiving treatment

I took almagel with positive effect. For the last 3 days, after an error in the diet, there is an increase in the above described complaints.

Harmful habits: smokes. Meals are not regular.

Objectively: condition is satisfactory. Body temperature 36.6. Skin and

visible mucous membranes of normal color and moisture. Vesicular breathing, no rales. HR 16 per min. Heart tones clear, rhythm correct. HR 76 per min. BP 110/70 mm Hg. Tongue moist, covered with white plaque. Abdomen on palpation soft, painful in the epigastric region. The liver size according to Kurlov is 9x8x7 cm. The spleen is not enlarged. Pasternatsky's symptom is negative on both sides.

Results of laboratory and instrumental methods of examination:

Clinical blood test : Hemoglobin 134 g/l, erythrocytes $5.0 \times 10^{12}/l$, CP 0.95, leukocytes $7.2 \times 10^9/L$, sedimentation rate 7 mm/hour.

Clinical urinalysis with no abnormalities.

FGDS: esophagus is freely passable, mucosa is pink, clean. Stomach of usual shape and size, peristalsis is alive, large amount of mucus. In the antral part of the stomach the mucous membrane was edematous, spotty hyperemic, single flat erosions, vascular pattern was not clear. The bulb of the duodenum is not deformed, the mucosa is pink.

Questions:

1. Taking into account the data of complaints, anamnesis, presented laboratory data

Determine the most likely diagnosis from the instrumental studies.

2. What additional tests need to be performed?

3. What are the therapeutic tactics for this patient?

Answers: 1 - chronic gastritis, 2 - laboratory methods to rule out or confirm Helicobacter infection, 3 - triple therapy according to current clinical guidelines

Task 4.

Patient M., 35 years old, complained of frequent, up to 7-8 times a day, unformed stools with an admixture of mucus, tenesmus, abdominal pain without clear localization. The pain was partially relieved with antispasmodics (drotaverine). I lost 5 kg in 6 months.

From the history, it is known that about 6 months ago, for the first time in his life after eating in a cafeteria.

noted chills, temperature not measured, spastic abdominal pain, liquid stools. By

I went to a general practitioner for this reason. Food poisoning was suspected, she was tested for yersineosis, pseudotuberculosis, dysentery, salmonellosis - the result was negative.

Abdominal ultrasound revealed no abnormalities.

FGDS - superficial gastroduodenitis.

OAK, OAM - no abnormalities.

Biochemical blood test - there is an increase in CRP

Coprogram - consistency - liquid; reaction for hidden blood - positive;

Bacteria, many; mucus, many; white blood cells, many; stercobilin, present.

Colonoscopy: starting from the lower third of the descending colon.

a pronounced inflammatory infiltration of the mucosa is determined,

injection of vessels, up to the rectal mucosa, where the

multiple superficial erosions with fibrin overlay, surrounded by an inflammatory shaft are determined.

Questions.

1. Taking into account the data of complaints, anamnesis, presented laboratory data

Determine the most likely diagnosis from the instrumental studies.

2. What additional tests need to be performed?

3. What are the therapeutic tactics for this patient?

Answers: 1 - NNC, 2 - performing colon biopsy to verify the diagnosis, immunochromatographic rapid fecal immunoassay for A and B clostridium toxins (*Clostridium difficile*) to exclude clostridial infection, 3 - ASC drugs orally and in enemas, if necessary - topical HSC, systemic HSC, combinations with azathioprine, biological therapy.

Task 5.

Patient E., 52 years old, complained of constant pulling pain of moderate intensity in the right iliac region not related to food intake, body position, and the act of defecation. Periodically liquid copious stools with blood and mucus up to 5 times a day, more often at night. Such complaints have been bothering me for about 10 years, I was examined on an outpatient basis and diagnosed with "chronic pancreatitis", "dysbacteriosis". The real worsening of the last 3-4 months, when the above complaints became continuous.

Physical examination: increased nutrition, BMI-32 kg/m², position active .

The abdomen is somewhat distended, soft, however, with tentative palpation is determined some muscle protection on the right side. Deep methodical palpation of the intestine revealed no deviations from the norm. There is no ascites. The liver is slightly (+3-4 cm) enlarged at the expense of the left lobe, its edge is elastic, smooth, painless. The spleen is not enlarged.

On rectal examination, the sphincter is toned, with traces of light brown feces and mucus on the glove.

Survey Results:

OAC - leukocytes - $11.5 \cdot 10^9/l$; reticulocytes 17‰, COE - 64 mm/h.

Biochemistry - ALT - 32ed/l, AST - 34ed/l, GGTP - 22ed/l, ALP - 89ed/l, CRP - 82 mg/l, fibrinogen - 7.2 g/l.

Ultrasound of abdominal organs, kidneys - diffuse changes insignificantly enlarged liver with ultrasound evidence of steatosis.

FGDS - superficial gastroduodenitis, axial hiatal hernia

Questions.

1. Taking into account the data of complaints, anamnesis, presented laboratory data

Determine the most likely diagnosis from the instrumental studies.

2. What additional tests should be performed to make a diagnosis?

3. What are the principles of therapy for this disease?

Answers: 1 - Crohn's disease, 2 - examination for yersineosis, pseudotuberculosis, dysentery, salmonellosis, colonoscopy, performing a biopsy of the colon to verify the diagnosis, immunochromatographic rapid examination of feces for toxins A and B clostridia (*Clostridium difficile*) to exclude clostridial infection, if necessary MRI, CT with intestinal contrast. 3 - 1) Remission induction agents: systemic glucocorticosteroids (prednisolone and methylprednisolone) and topical (budesonide), in combination with immunosuppressors (azathioprine, mercaptopurine, methotrexate), biological genetically engineered drugs: Tumor necrosis factor inhibitors (infliximab, adalimumab certolizumab pegol), interleukin inhibitors (ustekinumab) and selective immunosuppressants (vedolizumab), and antibiotics. 2). Remission maintenance agents (relapsing agents): immunosuppressants, biologics. 3). Auxiliary symptomatic agents: drugs for correction of anemia, drugs for correction of protein and electrolyte disorders, means for prevention of osteoporosis (calcium preparations), etc.

Task 6.

Patient P., 45 years old, a laborer, came to the clinic with complaints of dull pain in the epigastrium, left subcostal region, increased volume and frequency of stools, nausea, repeated vomiting of food eaten. It is known from the history of the disease that this worsening of the condition occurred a few days ago after another intake of alcohol and fatty food. For the first time such complaints arose 4 years ago against the background of strong alcoholic beverages abuse and diet violations. I have not applied to doctors. Exacerbations occur 3-4 times a year. Harmful habits: for 10 years he has been abusing strong alcoholic drinks, on average from 80 to 200 ml of pure ethanol per day. Nutrition is insufficient.

On examination, the patient's condition is moderately severe. Height - 77 cm, weight - 54 kg, BMI - 17.2

kg/m². On the skin of the chest and abdomen bright red macules, not disappearing pressing. Vesicular respiration in the lungs, 18 per minute. Heart tones muffled, no murmurs. Heart rhythm is correct. HR - 94 beats/min. BP 110/60 mm Hg.

The tongue is somewhat dry. The abdomen is soft, painful in the epigastrium and left subcostal region. Kurlov's liver size: 11×9×9 cm, the liver protrudes from under the edge of the rib arch along the right midclavicular line by 1 cm, dense-elastic consistency.

Lab Tests:

1 Clinical blood analysis: hemoglobin - 130 g/L, leukocytes - $10.3 \times 10^9/L$, neutrophils - 7%, segmented neutrophils - 69%, eosinophils - 0%, lymphocytes - 21%, monocytes - 3%. COE - 22 mm/h.

2 Biochemical blood analysis: total bilirubin - 18.9 $\mu\text{mol/L}$, direct bilirubin - 4.2 $\mu\text{mol/L}$, AST - 105 U/L, ALT - 47 U/L, GGT - 110 U/L, amylase - 480 U/L, ALT - 120 U/L, glucose - 5.2 mmol/L.

Instrumental studies:

At ultrasound of abdominal cavity organs the liver size is increased at the expense of the right one

lobes, its contours are irregular, its parenchyma is heterogeneous, echogenicity of the liver is increased.

The gallbladder is of normal size, its wall is not thickened, no concrements were detected.

On the background of increased echogenicity of the pancreas there is an increase in the size of its head up to 5 cm. Areas of calcification of the pancreatic parenchyma and a nodule in the main pancreatic duct are revealed. It is noted

dilation of the main pancreatic duct up to 7 mm.

Questions.

1. Taking into account the data of complaints, anamnesis, presented laboratory data

Determine the most likely diagnosis from the instrumental studies.

2. What was the leading risk factor for its development?

Answers.

1 - chronic pancreatitis 2 - alcohol abuse

Task 7.

A 30-year-old man complained of periodic pain in the epigastric region of a nagging character, occurring 2-2.5 hours after eating, "night pains", sometimes heartburn, nausea, constipation. These pains have been bothering for 2 years, but recently they have become more frequent. The pain is relieved by taking antacid medications

(Maalox) and small amounts of food. Has not been examined. Works as a bus driver, does not observe the dietary regime.

On examination: the condition is satisfactory. Vesicular breathing in the lungs, rales no. Respiratory rate 18 per minute. Heart tones are clear, rhythmic. HR 62 bpm. Tongue is moist, covered with white plaque. The abdomen is soft on palpation, painful in the epigastric region. areas. The size of the liver according to Kurlov is 9×8×7 cm. The spleen is not palpated. No edema.

Questions:

1 What is the most likely diagnosis?

2 What research methods are needed in this case?

3 What treatment should be administered to this patient?

Answers.

1 Peptic ulcer disease of the 12-peritoneum. Exacerbation. 2 General analysis of blood, urine. Blood group, Rh factor. Stool analysis for hidden blood serum iron. Reticulocytes. Bacteriologic,

morphologic, respiratory and urease (SLO-test) tests for diagnosis of Helicobacter pylori infection. Esophagogastroduodenoscopy with targeted biopsy and brush cytologic examination. 3 - Diet. In the treatment of gastroduodenal ulcers associated with Helicobacter pylori (HP), one of the regimens for HP eradication is used.

Task 8.

Patient T. 29 years old complains of discomfort in the abdomen, passing through

after the act of defecation, sensation of abdominal bloating, mushy stools up to 3 times a day with an admixture of mucus, mainly in the morning, periodically - a feeling of incomplete emptying of the intestine, emotional lability, poor sleep, frequent headaches. The above complaints have been bothering her for about three years. On objective examination: the condition is satisfactory. The tongue is moist, clean. The abdomen is somewhat

is bloated, soft, there is different sensitivity of the whole abdomen. Kurlov's liver size is within normal limits. General analysis of blood, urine, biochemical analysis of blood - no significant changes. Coprological analysis - without significant pathologic signs, a large amount of mucus is detected.

Questions:

- 1 Make the most likely diagnosis.
- 2 What research methods are needed in this case?
- 3 What treatment should be administered to this patient?

Answers: 1 - Irritable bowel syndrome with predominance of diarrhea. 2 - General analysis of blood, urine. Biochemical analysis of blood: total bilirubin, AST, alkaline

phosphatase, gamma-glutamyl transferase. Coprogram. Stool for dysbacteriosis. Stool analysis for hidden blood. Rectoromanoscopy. Irrigoscopy. Ultrasound of the abdominal cavity and small pelvis. Esophagogastroduodenoscopy. Colonoscopy with biopsy.

3 Psychotherapy and diet with exclusion of intolerant foods and drinks.

Spasmolytics, buffered aluminum-containing antacids. If the effect is unstable, therapy aimed at normalizing the intestinal microflora is prescribed.

Task 9.

Patient A. 30 years old went to the outpatient clinic with complaints of aching pain in the lower part of the body

abdomen, more in the left side, liquid stools up to 5-7 times a day. The stool is often impure with mucus and blood. Disturbing pronounced weakness, decreased ability to work, decreased appetite, increased body temperature up to 37.5°C, pain in the joints of the hands, decrease in body weight over the past weeks by 5 kg.

Objectively: condition of average severity. Skin and mucous membranes are pale.

Peripheral lymph nodes are not palpated. Nodular erythema on the medial surface of the left forearm - 1.5×2 cm. Joints are not changed, function is preserved. Lung function is unchanged.

Pulse - 96 per minute, rhythmic, BP - 100/70 mm Hg. The borders of the heart are within normal limits. Heart tones are audible. Tongue covered at the root with dirty plaque, dry. The abdomen is distended, sensitive on palpation in the left lower quadrant. Rumbling on palpation in the area of the sigmoid colon. Liver, spleen are not enlarged. Blood analysis: erythrocytes - $3.4 \times 10^{12}/l$, hemoglobin - 85 g/l, leukocytes - $10.0 \times 10^9/l$, sedimentation rate - 25 mm/hour. Urinalysis - without pathology.

Radiologic examination: in the left parts of the large intestine (up to the

loss of gastration, reduction of the lumen and stiffness of the intestine, irregularity of the mucous membrane pattern are noted.

Questions:

- 1 Make the most likely diagnosis.
- 2 What research methods are needed in this case?
- 3 What treatment should be administered?

Answers: 1) Ulcerative colitis, left-sided type. Medium severity. Nodular erythema. Anemia of mixed genesis. In favor of nonspecific ulcerative colitis (UC) is evidenced by frequent liquid stools with pathological impurities, pain during defecation, accompanied by anemic syndrome (decreased red blood cells, hemoglobin in the blood, weakness) and intoxication-inflammatory syndrome (leukocytosis, increased COE, increased body temperature). Nodular erythema is also seen in UC. The radiologic picture is characteristic of UC. 2) 3 Coprogram; blood test for electrolytes, CRP, DFA, total protein, protein fractions, cholesterol, glucose, bilirubin, transaminases; FGDS colonoscopy with biopsy from the pathologic area; fluorography or radiography of the lungs; ultrasound of the abdominal cavity.

3) Diet. Mesalazine, if ineffective - glucocorticoids. Rectally hydrocortisone. Treatment of diarrhea (enveloping, antispasmodics, astringents). Treatment of metabolic disorders. Treatment of dysbacteriosis. Polifermental drugs. Treatment of anemia.

Task 10.

A 58-year-old man went to a district general practitioner with complaints of pain in the epigastric pain 20 minutes after eating, vomiting, bringing relief, lost 7 kg of weight in a month. Epigastric pain has been bothering for about 2 months. On examination: condition is satisfactory. Skin covers of usual color, clean. In the lungs - vesicular breathing, no rales. Heart tones are clear rhythmic, HR - 72 beats per minute, BP - 120/80 mm Hg. On palpation the abdomen is soft, painful in the epigastrium. The liver is on the edge of the rib arch. Its size is $10 \times 9 \times 8$ cm. The spleen is not palpated.

Fibrogastroduodenoscopy was performed: in the middle third of the stomach ulcerous defect 3 cm in diameter, biopsy taken.

Questions:

- 1 Formulate a preliminary diagnosis.
- 2 Justify the diagnosis you have made.

3 Make a plan for differential diagnosis.

4 Make a plan for a follow-up survey.

Answers: 1 - Peptic ulcer disease, first detected, exacerbation: gastric body ulcer 3 cm in diameter. 2- The diagnosis is established on the basis of the patient's complaints, examination data and FGDS. 3 - Peptic ulcer disease, gastric cancer. 4 FGDS with biopsy of 6-8 fragments (to exclude gastric cancer, H. pylori). GI fluoroscopy with barium (exclude complications of peptic ulcer disease).

Task 11.

Patient K., 43 years old, complains of dry mouth, pain when swallowing food, hoarseness of voice, feeling of "sand in the eyes", pain in interphalangeal joints of hands and their swelling, feeling of heaviness in the pancreas after eating.

The patient was ill for 3 months, during which the severity of the described symptoms increased. The disease was preceded by general cold and acute respiratory viral infections. It is known that the patient's mother suffers from arthritis and is an invalid of group II. Objective. General condition is satisfactory. Skin with areas of peeling on the forearms and shins. In the corners of the mouth - painful cracks. Dryness, hyperemia of the oral mucosa. The papillae of the tongue are atrophied. Multiple caries. At palpation of parotid glands there are consolidations up to 3-4 cm in diameter. The eyelids are hyperemic. Interphalangeal joints of hands are swollen, deformed. The skin over them is hyperemic. Flexion in the joints is incomplete. Heart tones are clear, rhythmic. HR 65 per minute, BP 120 and 80 mm Hg. Vesicular respiration, no rales. HR 17 per minute. Abdomen soft, moderately painful in the epigastrium. Liver on the edge of the rib arch (size 10 x 9 x 8 cm). Stool, diuresis are normal. Additional data. Clinical blood analysis - Er. 4.0 x 10¹², Hb 125, L. 4.7 x 10⁹, lymphocytes 36%, s/e 60%, eos. 2%, monocytes 2%, COE 36 mm/hour. Biochemical blood test - CRP ++, seromuroid 0.4, sialic 420, fibrinogen 5.4, PTI 90%. Fibrogastroscopy - gastric mucosa of pale pink color, vascular pattern is not expressed, relief is smoothed. Schirmer's test - 5 mm of filter paper is wetted after 5 minutes. Radiography of the joints of the hands - slight swelling of soft tissues in the absence of changes in the bones and joints.

Questions: 1. Diagnosis of the disease 2. Pathogenesis of involvement of mucous membranes, glands of external secretion 3. Local and general therapy

Answers. 1. Sjögren's disease. 3. Glucocorticosteroids, cytostatics, rituximab, Slim tears, frequent drinking of water in small amounts.

Task 12

Patient S., 30 years old, was admitted to a skin and venereological dispensary with complaints of ulcers on the surface of genitals, mucous membrane of cheeks and tongue, "hunger pains" in epigastrium, pain in knee and ankle joints, increase in body temperature up to 37.4 degrees C, weight loss by 4 kg in 1.5 months, hair loss. He has been ill for several months. On the eve of the first symptoms he had a severe flu. It is known that the patient's work is connected with constant business trips, including abroad. He does not deny that he has a promiscuous sex life. Objective. General condition is of average severity. Body temperature 37.6 degrees C. The skin is warm,

moist with diffuse pustulosis rashes. The skin over the knees and ankle joints is hyperemic, hot, there is a slight edema of the surrounding tissues. On the mucous membrane of the oral cavity and external genitalia there are multiple painful ulcers up to 0.5-0.7 cm in diameter of varying degrees of age. The heart area is visually unchanged. Tones rhythmic, clear, gentle systolic murmur at the apex. HR 88 per minute, BP 100 and 60 mm Hg. Above the lungs percussively pulmonary sound, but above the middle third of the interscapular space on the right - an area of blunting 10 x 7 cm. Respiration is also sharply weakened here, single fine bubbling wheezes are heard. The resting respiratory rate is 23 per minute. The abdomen is soft, moderately painful in the subcostal region. The liver protrudes from under the rib by 1.5 cm. The size of the spleen is 15 x 9 cm. Additional data. Clinical blood analysis - Er. 4.2, Hb 113, L. 5.6, p/ya 6%, s/75%, lymph. 12%, eoz 2%, COE 26. Blood immunogram - increased Ig A, M, decreased number of T-helpers. Rheumatoid factor titer 1:10. Wasserman's reaction is negative. Chest X-ray - in the root zone on the right side there is a focal darkening with irregular contours. The shape and size of the heart are not changed. Questions: 1. Preliminary diagnosis 2. What diseases should be differential diagnostics with 3. Additional methods of examination of the patient.

Answers. Reactive arthritis. 2. STD, Behcet's disease. 3. Consultation with a venereologist, STD swabs, genetic testing for HLA B51

Task 13

Patient O., 17 years old, is bothered by pain in the interphalangeal joints of the fingers, heel bones, lumbar spine, increasing with movement and after physical activity, skin rash. 4 years ago after emotional stress for the first time on the extensor surfaces of knee and elbow joints appeared rounded pink spots covered with white scales. On taking indomethacin the elements of the rash turned pale and disappeared, however, with the onset of cold weather they appeared again. Since that time, exacerbations of the disease recur in spring and fall. The patient was repeatedly treated at resorts. She took hydrogen sulphide baths with positive effect. Joint pains first appeared a year ago in parallel with another exacerbation of skin symptoms. Objectively: general condition was satisfactory. There is a spotty rash on the skin of the trunk. Polotebnov's symptom (+). Nail plates are thickened, covered with small dot depressions and easily crumbled. The skin over the distal interphalangeal joints of the hands is livid, the surrounding tissues are edematous. There is pain on palpation of these joints and along the lumbar spine. Heart tones are clear, rhythmic. HR 68 per minute, BP 120 and 80 mm Hg. Vesicular respiration, no rales. HR 17 per minute. Abdomen soft, painless. Liver on the edge of the rib arch. Stool, diuresis are normal. No peripheral edema.

Additional data: clinical blood analysis - Er. 4.0 x 10¹², Nv 134, L. 10.6 x 10⁹, COE 30 mm/hour. Biochemical blood analysis - rheumatoid factor 1:16, fibrinogen 5.2, CRP ++. X-ray of hand joints - subchondral osteoporosis, single subchondral cysts. X-ray of the lumbar spine - height of intervertebral discs reduced, single unilateral osteophytes. Paravertebral ossifications are not completely connected to the vertebrae and form bridges over the intervertebral spaces.

Questions: 1. Diagnosis of the disease 2. What pathologic conditions should be differentially diagnosed 3. Treatment plan for the patient

Answers. 1. Psoriatic spondyloarthritis. 2. With other HLA B27-dependent diseases. 2. NSAIDs, methotrexate, genetically engineered biologic drugs, or targeted drugs. PTL, physical therapy, topical therapy.

Task 14

Patient A., 36 years old, complains of pain in the interphalangeal joints of hands and feet, ankle, knee and jaw joints, swelling above them, morning stiffness in the above joints until 12 o'clock in the afternoon, increased body temperature up to 37.8 degrees, general weakness, weight loss by 4 kg for a month. These complaints have been bothering her for the last year after childbirth. The disease debuted from the interphalangeal joints of the hands. She took aspirin on her own for a week with positive effect. However, soon after its withdrawal, pain and swelling of all the above-mentioned joints appeared. Due to family circumstances (the need to care for a newborn child), she did not consult a doctor. Deterioration within 1.6 months - general weakness, heaviness in both subcostals, appetite worsened, pain in the joints increased. The patient is known to be allergic to chocolate, whole milk, and tomatoes. Her mother is hypersensitive to these products and penicillin. Objectively: condition of average severity. Temperature 37.8 degrees C. Pallor of the skin. Interphalangeal, wrist, ankle and knee joints are edematous, the skin over them is hot, hyperemic. The lesion of the joints is symmetrical. Pain on palpation of both jaw joints. Heart tones rhythmic, muffled. Systolic murmur over the apex of the heart. HR 96 per minute, BP 100 and 60 mm Hg. Vesicular respiration, no rales. HR 18 per minute. The abdomen is soft, the liver protrudes from under the edge of the rib arch by 1.5 cm. The size of the spleen is 21 x 35 cm. Stool, diuresis are normal. Additional data: clinical blood count - 3.1×10^{12} , Hb 109, L. 2.8×10^9 , s/e 40%, lymph. 48%, eos. 12%, platelets 60×10^9 , COE 60 mm/hour. Biochemical blood analysis - CRP +++, seromuroid 0.42, fibrinogen 7.6, bilirubin 38.5 - 10.5 - 28.0 AST 52.4, ALT 48.2. Radiography of the joints of the hands - narrowing of the articular gap, periarticular osteoporosis, multiple nubs of the articular surfaces.

Questions: 1. Diagnosis of the disease 2. Mechanism of internal organ involvement 3. Treatment plan

Answers. 1. Rheumatoid arthritis. RF and ADCP studies are needed. 3. NSAIDs, methotrexate, PTL, physical therapy.

Task 15

Patient F., 19 years old, complains of pain in shoulder joints, hip joints with irradiation to groin areas, thighs, limitation of the volume of movement in these joints, painfulness on palpation in the thoracic spine, general weakness, increased body temperature up to 37.3 degrees Celsius. Pain during a year, when after the transferred pyelonephritis subfebrile, fatigue, muscle weakness persisted for a long time. A little later, pain in the above joints joined after prolonged stay in one position. Soon the pains began to bother every night. In the last 2-3 months the volume of movements in the joints was limited. It is known that in childhood the boy suffered from frequent colds. The patient's uncle has spinal pathology. Objectively: general condition is of average severity. Reduced visual acuity in both eyes. Soreness on palpation of all the above-mentioned joints, increased temperature over them. The volume of movements in the thoracic spine is limited: forward-backward and lateral inclination. Heart tones clear, rhythmic. HR 70

per minute, BP 130 and 70 mm Hg. No edema. Vesicular breathing, no rales. HR 17 per minute. The abdomen is soft, painless. Stool, diuresis are normal. Additional data: clinical blood analysis - Er. 4.0 x 10¹², Nv 120, L. 10.2 x 10⁹, eos. 3%, segmental cells 60%, lymphocytes 30%, monocytes 7%, COE 38 mm/hour. Biochemical blood analysis - CRP ++, fibrinogen 5.2 X-ray of the thoracic spine - intervertebral spaces narrowed, subchondral osteosclerosis, marginal osteophytes. Oculist - narrowing and clouding of the lens. Questions: 1. Diagnosis 2. What diseases should be differentially diagnosed 3. Treatment plan

Answers. Ankylosing spondylitis. 2. With other diseases of the HLA B27 circle. 3. NSAIDs, methotrexate, proton pump inhibitors, consider IL17a inhibitors or targeting drugs, PTL, physical therapy.

See also situational tasks on the portal of SDO FGBOU VO PIMU of the Ministry of Health of the Russian Federation <https://sdo.pimunn.net/course/view.php?id=3132>

4.3 Topics of reports (assessment of competences YK - 1, 4, 5; OIK - 1, 2, 4, 5, 6, 7, 10, 11; IK - 1, 2, 3, 4, 5, 6, 7, 8, 9, 9, 10, 13, 16, 19, 22).

1. Periarteritis nodosa. Etiology, pathogenesis. Classification, morphologic and clinical parallels.
2. Hemorrhagic vasculitides. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels.
3. Wegener's disease. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels.
4. Takayasu's disease. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels.
5. Kawasaki disease. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels.

4.4. Assignments (assessment tools) to be submitted for exams/credits

Situational tasks (assessment of competences YK - 1, 4, 5; OIK - 1, 2, 4, 5, 6, 7, 10, 11; IK - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22).

5. Content of assessment tools for interim certification

Intermediate certification is carried out in the form of a credit.

5.1 List of control tasks and other materials necessary for assessment of knowledge, skills, abilities and experience of activity (*the teacher specifies only those tasks and other materials that he/she uses in the framework of this discipline*)

Assessment tool 1. Situational tasks (p. 4.4).

Assessment tool 2. Questions for credit (p. 5.1.2).

5.1.2 Questions for credit in the discipline "Rheumatology, gastroenterology".

Question	Competence code (according to the RPA)
Osteoarthritis. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Osteoporosis. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Rheumatoid arthritis. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Gout. Classification. Etiology, pathogenesis. Diagnosis. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Antiphospholipid syndrome. Clinical picture. Complications. Diagnosis, differential diagnosis.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Systemic vasculitides. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Systemic lupus erythematosus. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Dermatomyositis. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Systemic scleroderma. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Inflammatory bowel diseases. Etiology, pathogenesis.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10,

Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment	11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Barrett's esophagus. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
GERD. Etiology, pathogenesis, classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Chronic gastritis. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Acute gastrointestinal bleeding with esophageal varices. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
NSAID gastropathy. Definition of concepts. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Acute abdominal pain (acute abdomen, peritonitis, hernia impingement).	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Liver encephalopathy. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnosis. Treatment.	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Primary biliary cirrhosis of the liver. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnostics. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.
Chronic cholecystitis. Etiology, pathogenesis. Classification, morphologic and clinical parallels. Clinical picture. Complications. Diagnosis, differential diagnostics. Treatment	UC - 1, 4, 5; OPC - 1, 2, 4, 5, 6, 7, 10, 11; PC - 1, 2, 3, 4, 5, 5, 6, 7, 8, 9, 10, 13, 16, 19, 22.

6. Criteria for assessing learning outcomes

Learning Outcomes	Evaluation criteria	
	No credit	Pass
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were gross errors.	The level of knowledge in the scope corresponding to the training program. Minor errors may be made
Existence of skills	Basic skills were not demonstrated when solving standard problems. There were gross errors.	Demonstrated basic skills. Typical problems are solved, all tasks are completed. Minor errors may be made.
Availability of skills (possession of experience)	Basic skills were not demonstrated in solving standard problems. There were gross errors.	Demonstrated basic skills in solving standard problems. Minor errors may be made.
Motivation (personal attitude)	Learning activity and motivation are weakly expressed, readiness to solve tasks is qualitatively absent	Learning activity and motivation is demonstrated, readiness to fulfill tasks is demonstrated.
Characteristics of competence*	The competence is not fully formed. The available knowledge, skills and abilities are not sufficient to solve practical (professional) tasks. Repeated training is required	Formation of the competence meets the requirements. The available knowledge, skills, abilities, skills and motivation are generally sufficient for solving practical (professional) tasks.
Level of competencies*	Low	Medium/High

For testing:

Grade "5" (Excellent) - points (100-90%)

Grade "4" (Good) - score (89-80%)

Grade "3" (Satisfactory) - score (79-70%)

Less than 70% - Unsatisfactory - Grade "2"

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