

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/PRACTICE

PEDIATRIC DENTISTRY

Training program (specialty): **31.05.01 GENERAL MEDICINE**

Department: **Pediatric surgery**

Mode of study: **FULL-TIME**

Nizhniy Novgorod
2021

1. Bank of assessment tools for the current monitoring of academic performance, mid-term assessment of students in the discipline / practice

This Bank of Assessment Tools (BAT) for the discipline "**Pediatric surgery**" is an integral appendix to the working program of the discipline "**Pediatric surgery**". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

(Banks of assessment tools allow us to evaluate the achievement of the planned results stated in the educational program.

Assessment tools are a bank of control tasks, as well as a description of forms and procedures designed to determine the quality of mastering study material by students.)

2. List of assessment tools

The following assessment tools are used to determine the quality of mastering the academic material by students in the discipline **Pediatric surgery** :

№	Name of assessment tool	Brief description of the assessment tool	Presentation of assessment tool in the bank
1	Test №1	A system of standardized tasks that allows you to automate the procedure of measuring the level of knowledge and skills of a student. A student has to choose one or more answers.	Bank of test tasks
2	Control work	A tool of checking the ability to apply acquired knowledge for solving problems of a certain type by topic or section	Set of control tasks in variants
3	Interview	A tool of control organized as a special conversation between the teacher and the student on topics related to the discipline being studied, and designed to clarify the amount of knowledge of the student on a specific section, topic, problem, etc.	Questions on topics/sections of the discipline
4	Abstract	The product of the student's independent work, which is a summary in writing of the results of the theoretical analysis of a certain scientific (educational and research) topic, where the author reveals the essence of the problem under study, provides various points of view, as well as his /her own views on it.	List of abstract topics
5	Individual survey	A control tool that allows you to assess the degree of comprehension of the material	List of questions
6	Interview	A tool of control organized as a special conversation between the teacher and the student on topics related to the discipline being studied, and designed to clarify the amount of knowledge of the student on a specific section, topic, problem, etc.	Questions on topics/sections of the discipline
7	Situational tasks	A method of control that allows you to assess the criticality of thinking and the degree of the material comprehension, the ability to apply theoretical knowledge in practice.	List of tasks
8	Report	The product of the student's independent work, which is a public presentation about the results	Topics of reports, presentations

		obtained by solving a certain educational, practical, research or scientific topic	
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3. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Code and formulation of competence*	Stage of competence formation	Controlled sections of the discipline	Assessment tools
UC- 1, GPC- 1, 4, 6, PC- 1, 6, 7.	Entry Current	Abdominal surgery Intestinal obstruction	<i>Test №1</i> <i>Control work № 1, 2</i> <i>Abstract</i> <i>Individual survey</i> <i>Interview</i> <i>Situational tasks</i> <i>Report</i>
PC- 1, 6, 7.	Current	Traumatology of childhood Purulent-inflammatory diseases	<i>Test №1</i> <i>Control work</i> <i>Interview</i> <i>Abstract</i> <i>Individual survey</i> <i>Interview</i> <i>Situational tasks</i> <i>Report</i>
GPC- 1, 4, 6, 7, PC- 1, 6, 7.	Current	Uroandrology and herniology of childhood Oncology	<i>Control work № 3</i> <i>Interview</i> <i>Abstract</i> <i>Individual survey</i> <i>Interview</i> <i>Situational tasks</i> <i>Report</i>

4. The content of the assessment tools of entry, current control

Entry /current control is carried out by the discipline teacher when conducting classes in the form of: *Test №1, Control work, Interview, Abstract. Individual survey, Interview, Situational tasks, Report.*

4.1. Progress test on acute appendicitis and its complications

Select one correct answer

Time: 30 minutes

Example

THE PEAK INCIDENCE OF ACUTE APPENDICITIS OCCURS AT:

- 1) 3 – 5 years of age;
- 2) 9 – 12 years of age;
- 3) 13 – 15 years of age.

Answer – 2.

1. TEMPERATURE CHARACTERISTIC OF UNCOMPLICATED APPENDICITIS IN OLDER CHILDREN AND ADULTS:

- 1) normal;
- 2) low-grade;
- 3) febrile.

2. KOCHER'S SYMPTOM IS:

- 1) the sensation of pain over the whole abdomen or in the epigastric region at the beginning of the disease, with further localization in the right quadrant of the abdomen;
- 2) increased pain when hands are quickly taken away from the front abdominal wall in case of acute inflammation of the peritoneum;
- 3) increase of pain when lying on the left side.

3. BLUMBERG'S SYMPTOM IS:

- 1) the experience of pain over the whole abdomen or in the epigastric region at the beginning of the disease, with further localization in the right iliac region;
- 2) increased pain when hands are quickly taken away from the abdominal wall in case of acute inflammation of the peritoneum;
- 3) increase of pain when lying on the left side.

4. THE MAIN CLINICAL SIGN OF ACUTE APPENDICITIS ON INSPECTION OF THE ABDOMEN IN OLDER CHILDREN AND ADULTS IS:

- 1) anemia;
- 2) vomiting;
- 3) Blumberg's symptom.

5. FOR YOUNG CHILDREN WITH ACUTE APPENDICITIS THE CHARACTERISTIC VOMITING IS:

- 1)single;
- 2)multiple;
- 3) vomiting is not typical.

6. FOR YOUNG CHILDREN WITH ACUTE APPENDICITIS THE CHARACTERISTIC TEMPERATURE IS:

- 1)normal;
- 2)subfebrile;
- 3)febrile.

7. FOR YOUNG CHILDREN WITH ACUTE APPENDICITIS THE CHARACTERISTIC CHANGE OF STOOL IS:

- 1) liquid stool;
- 2)constipation;
- 3) is not characteristic of appendicitis.

8. TO CONFIRM THE DIAGNOSIS OF ACUTE APPENDICITIS IN YOUNG CHILDREN IT IS NECESSARY TO CARRY ON:

- 1) cleansing enema;
- 2) examination in natural sleep or in medication sleep (relanium, enema with chloralhydrate);
- 3) examination of the abdomen under general anesthesia.

9. PELVIOPERITONITIS (CRYPTOGENIC, DIPLOCOCCUS) IS MORE COMMON IN:

- 1) boys;
- 2) girls under 3years;
- 3) girls – teenagers.

10. THE CAUSE OF PELVIOPERITONITIS (CRYPTOGENIC, DIPLOCOCCUS) IS:

- 1) inflammation of the appendix with its pelvic location;
- 2) viral infection;
- 3) the penetration of infection from the genital tract to the pelvic peritoneum.

11.APPENDIX-IS:

- 1)rudiment;
- 2) functional organ;
- 3) the defect of development.

12. THE MAIN CAUSE OF ACUTE APPENDICITIS IS:

- 1) an increase in pressure in the lumen of the appendix;
- 2) dull abdominal trauma;
- 3) bleeding of Meckel's diverticulum.

13. IN COMMISSURAL INTESTINE OBSTRUCTION INVESTIGATION STARTS WITH:

- 1) survey radiography;
- 2) oral introduction of barium suspension;
- 3) hypertonic enema.

14. LAPAROSCOPY IS:

- 1) a laboratory method;
- 2) physiotherapy;
- 3) operative access using optical systems for examination and treatment.

15. INDICATION FOR EMERGENCY LAPAROSCOPY

IS:

- 1) suspicion of acute appendicitis;
- 2) phlegmon of newborn;
- 3) umbilical hernia.

16. LAPAROSTOMY IS APPLIED IN CASE OF:

- 1) appendicular infiltrate;
- 2) diffuse purulent peritonitis;
- 3) osteomyelitis.

17. THE MAIN CLINICAL SYMPTOM OF THE OPERATIVE WOUND SUPPURATION IS:

- 1) normal body temperature;
- 2) pale skin in the area of the operative wound;
- 3) fluctuation.

18. THE SYMPTOMS OF TACHYCARDIA, DECREASED BLOOD PRESSURE, PAIN IN THE ABDOMEN, NAUSEA, ANEMIA ARE CHARACTERISTIC OF:

- 1) secondary omentitis;
- 2) suppuration of the wound;
- 3) intra-abdominal bleeding.

19. RADIOGRAPHIC SIGN OF COMMISSURAL INTESTINE OBSTRUCTION IS:

- 1) free gas in the abdominal cavity;
- 2) Kloyber's cups;
- 3) pneumatosis of intestinal wall.

20. THE MAIN CLINICAL SIGN OF THE SECONDARY OMENTITIS IS:

- 1) recurrent cramping pain in the abdomen;
- 2) normal body temperature;
- 3) infiltrate in the abdominal cavity.

ANSWERS TO THE TESTS

1 – 2; 2 – 1; 3 – 2; 4 – 3; 5 – 2; 6 – 3; 7 – 1; 8 – 2; 9 – 3; 10 – 3; 11 – 2; 12 – 1; 13 – 1; 14 – 3; 15 – 1; 16 – 2; 17 – 3; 18 – 3; 19 – 2; 20 – 3.

4.2. Situational tasks (Problem cases)

Time: 30 minutes

Case 1

A 5 - year girl, had an acute episode of abdominal pain and nausea. She vomited twice. She felt flabby and had a high temperature of 38,7⁰ C. On examination, the tongue was dry, the pulse amounted to 110 beats per minute (bpm). In the lungs vesicular breathing was heard. The abdomen was painful on palpation. Marked rigidity of the front abdominal wall, positive Blumberg's symptom in both iliac regions, mucopurulent discharge from the genital tract were noted. Leukocytosis was 18,000. Make an initial diagnosis. Determine the tactics of treatment.

Case 2

A girl of 14 years old has been suffering from a stomach ache and nausea.. Medical care was not sought. The body temperature was 37.3⁰ C. The skin was clean, the tongue – dry, pulse – 88 bpm. The abdomen was soft in the right iliac region a painful, slow-moving formation was felt. Outline a plan of examination make an initial diagnosis and work out a strategy of treatment.

Case 3

A 10-year boy has fallen ill. Epigastric pains appeared 4 hours ago. He felt nausea, vomited once with the stomach content without any bile. On examination pale skin, dry tongue, body temperature of 37.6°C , pulse rate 112 b p m, tenderness in the right iliac region, muscle tension, positive Blumberg's symptom were revealed.

Make an initial diagnosis, define the necessary actions.

Case 4

A boy, 7 years of age, has had lately catarrhal symptoms and her stomach ached. He was twice examined by his local doctor. A diagnosis of acute respiratory disease was made, treatment with sulfanilamides and antibacterial drugs was administered. On the third day a stomach ache continued, after meals he vomited. The child stayed in bed. The boy's condition was heavy. The skin was pale, the tongue was dry and fur-coated. Pulse rate reached 140 beats per minute, the temperature – 38.2°C . In the lungs, rough breathing was heard, his stomach was not involved in breathing, tense and sharply painful in all parts. Symptoms of peritoneal irritation were positive.

Make an initial diagnosis, determine treatment strategy.

Case 5

A girl, 12 years of age, was operated on the gangrenous appendicitis. On the 5th day after the operation induration of soft tissues in the field of operative scar appeared. The skin reddened. Tenderness was felt on palpation. The body temperature was 37.5°C . Two days later fluctuation appeared in the middle of the infiltrate.

Make an initial diagnosis, determine treatment strategy.

Case 6

A boy of, 15 years, was operated on destructive appendicitis two years ago. Lately the child has noted cramping pains in the right side of the abdomen, repeated vomiting and no stool for 3 days. On examination the body temperature was 38.1°C . Postoperative scar was not complicated.

Make an initial diagnosis. Identify the tactics.

Case 7

A 10-year boy underwent surgery for gangrenous appendicitis with the involvement of the greater omentum in the inflammatory process. In 10 days after the operation there appeared pain in the right

side of the abdomen, nausea, a marked rise in body temperature to 39⁰C. On examination an infiltrate without clear borders was felt in the right iliac region. Blood count showed leukocytosis of 15,000 and increased erythrocyte sedimentation rate (ESR) 30 mm per hour. Make a diagnosis. Identify the tactics.

Answers to the problem cases

1. Pelvioperitonitis. Therapeutic and diagnostic laparoscopy.
2. Dense appendicular infiltrate. Rectal bimanual and ultrasound examination must be used to make a diagnosis. Treatment is conservative.
3. Acute appendicitis. Emergency appendectomy is indicated.
4. Diffuse peritonitis. Emergency surgery - laparoscopy or midline laparotomy after mandatory preoperative preparation is indicated.
5. Postoperative infiltration, abscess in the surgical wound region. Opening of the abscess, drainage of the cavity and prolongation of antibiotic therapy are recommended.
6. Late commissural intestine obstruction. Radiography should be made. Preparation of the patient for emergency surgical intervention – median laparotomy or laparoscopy.
7. Secondary omentitis. At first signs of complications conservative treatment is intensified by antibiotic therapy, symptomatic treatment, cold applications on the wound. If treatment is ineffective a second operation is necessary.

4.3. Control work № 1

Intestinal obstruction

1. Describe typical clinical symptoms of esophageal atresia.
2. Diagnostic of esophageal atresia (manipulation in the delivery room and x-ray).
3. Name the 3 main clinical features of intestinal obstruction.
4. Name the differences between high and low inborn intestinal obstruction by the following criteria: X-ray, vomiting, abdomen, stool.
5. What is typical age of children's intussusception?
6. Reasons of intussusception in childhood (in typical age).
7. Reasons of intussusception in adults.
8. Describe typical clinical symptoms of intussusception in children.
9. In what cases is it possible to perform conservative treatment of intussusception?

Control work № 2

Acute appendicitis. Purulent-inflammatory diseases.

1. The typical temperature by AA.
2. The typical vomiting by AA (how many times).

3. Describe the typical clinical symptoms of acute appendicitis in children before 3 years by the following criteria: temperature, vomiting, abdominal pain, stool.
4. Describe special examination in diagnostic of acute appendicitis in children before 3 years.
5. Describe conservative and operative treatment of appendicular infiltrate.

Control work № 3

Plain surgery

1. What age are children with cryptorchidism operated on?
2. Name all kinds of retention of testis.
3. Name all kinds of ectopy of testis.
4. What complications of cryptorchidism do you know?
5. What age are children with inguinal hernia operated on?
6. What age are children with umbilical hernia operated on?
7. Describe conservative treatment of umbilical hernia in children.
8. Treatment of varicose veins of testis.
9. What age are children with communicating hydrocele operated on?
10. What age are children with phimosis operated on?

4.4. Individual survey. Interview.

Describe typical clinical symptoms of esophageal atresia. Diagnostic of esophageal atresia.

Treatment of esophageal atresia.

Clinic and diagnostic of atresia rectum and anus.

Name the differences between high and low inborn intestinal obstruction by the following criteria:

X-ray, vomiting, stomach, stool.

What is typical age of children's intussusception? Reasons of intussusception in childhood.

In what cases is it possible to perform conservative treatment of intussusception?

Describe typical clinical symptoms of intussusception in children.

Diagnostic and treatment of Hirschsprung's disease.

Describe clinic and diagnostic of acute appendicitis in children before 3 years.

Clinic and diagnostic of acute appendicitis in children.

What age are children with cryptorchidism operated on?

Name all kinds of retention and ectopy of testis.

What complications of cryptorchidism do you know?

What age are children with inguinal hernia operated on?

Treatment of umbilical hernia in children.

Treatment of varicose veins of testis.

4.5. Abstract. Report.

Diagnostic and treatment of Hirschsprung's disease.

Clinic and diagnostic of appendicular peritonitis in children. Treatment of appendicular peritonitis using laparoscopy and laparostomy.

The appendicular infiltrate in children - clinic and diagnostic. Describe conservativ and operativ treatment of appendicular infiltrate.

Idiopathic (primary) varicocele: typical age, clinical symptoms.

Acute haematogenous osteomyelitis in children- clinical features, diagnostic and treatment procedure.

Acute haematogenous osteomyelitis in children younger 3 years old (epiphyseal osteomyelitis) - clinical features, diagnostic and treatment.

4.6. Interview

Describe typical clinical symptoms of esophageal atresia. Manipulations in the delivery room and x-ray.

Diagnostic and treatment of esophageal atresia.

Name main types of inborn intestinal obstruction. Describe the differences between high and low inborn intestinal obstruction by the following criteria: X-ray, vomiting, abdomen, stool.

Describe main types of anorectal malformation (rectal atresia, imperforate anus; atresia with and without fistula, high and low forms). Clinic and diagnostic of anorectal anomalies.

What is typical age of children's intussusception? Reasons of intussusception in childhood (in typical age). Reasons of intussusception in adults. Describe clinical symptoms of intussusception in children in typical age.

Describe typical clinical symptoms of intussusception in children.

In what cases is it possible to perform conservative treatment of intussusception? Describe conservative and operativ treatment of intussusception.

Diagnostic and treatment of Hirschprung's disease.

Describe clinic and diagnostic of acute appendicitis in children before 3 years: name the typical clinical symptoms of acute appendicitis in children before 3 years by the following criteria: temperature, vomiting, abdominal pain, stool; describe special exsamenation in diagnostic of acute appendicitis in children before 3 years.

Clinic and diagnostic of appendicular peritonitis in children. Treatment of appendicular peritonitis using laparoscopy and laparostomy.

The appendicular infiltrate in children - clinic and diagnostic. Describe conservativ and operativ treatment of appendicular infiltrate.

Name all kinds of retention and ectopy of testis? What complications of criptorchidism do you know? What age are children with criptorchidism operated on? Why not earlier and not later?

Diagnostic and treatment of umbilical hernia in children. Describe conservativ treatment of umbilical hernia in children. What age are children with umbilical hernia operated on?

Diagnostic of inguinal hernia in children. Explain the role of processus vaginalis for forming inguinal hernia in children. Differential diagnostic of inguinal hernia and communicating hydrocele in children. What age are children with inguinal hernia operated on?

Diagnostic of communicating and isolated hydrocele in children. Explain the role of processus vaginalis for forming communicating hydrocele. Differential diagnostic of inguinal hernia and communicating hydrocele in children. What age are children with communicating hydrocele operated on?

Idiopathic (primary) varicocele: typical age, clinical symptoms. Which type of varicocele (left- or right-side's) is most frequently observed and why? What complications of varicose veins of testis do you know? Treatment of varicocele.

Acute haematogenous osteomyelitis in children- clinical features, diagnostic and treatment procedure. What complications and issues of acute haematogenous osteomyelitis do you know?

Acute haematogenous osteomyelitis in children younger 3 years old (epiphyseal osteomyelitis) - clinical features, diagnostic and treatment. What complications and issues of epiphyseal osteomyelitis do you know? Abdominal wall defect – exomphalos, gastroschisis: differential diagnostic, treatment.

5. The content of the assessment tools of mid-term assessment

Mid-term assessment is carried out in the form of a credit / differentiated credit / exam (leave the necessary).

1. Describe typical clinical symptoms of esophageal atresia. Manipulations in the delivery room and x-ray.
2. Diagnostic and treatment of esophageal atresia.
3. Name main types of inborn intestinal obstruction. Describe the differences between high and low inborn intestinal obstruction by the following criteria: X-ray, vomiting, abdomen, stool.
3. Describe main types of anorectal malformation (rectal atresia, imperforate anus; atresia with and without fistula, high and low forms). Clinic and diagnostic of anorectal anomalies.
4. What is typical age of children's intussusception? Reasons of intussusception in childhood (in typical age). Reasons of intussusception in adults.
5. Describe clinical symptoms of intussusception in children in typical age.
6. Describe typical clinical symptoms of intussusception in children.
 7. In what cases is it possible to perform conservative treatment of intussusception? Describe conservative and operative treatment of intussusception.
7. Diagnostic and treatment of Hirschsprung's disease.
8. Describe clinic and diagnostic of acute appendicitis in children before 3 years: name the typical clinical symptoms of acute appendicitis in children before 3 years by the following criteria: temperature, vomiting, abdominal pain, stool; describe special examination in diagnostic of acute appendicitis in children before 3 years.
9. Clinic and diagnostic of appendicular peritonitis in children. Treatment of appendicular peritonitis using laparoscopy and laparotomy.
10. The appendicular infiltrate in children - clinic and diagnostic. Describe conservative and operative treatment of appendicular infiltrate.
11. Name all kinds of retention and ectopy of testis? What complications of cryptorchidism do you know? What age are children with cryptorchidism operated on? Why not earlier and not later?
12. Diagnostic and treatment of umbilical hernia in children. Describe conservative treatment of umbilical hernia in children. What age are children with umbilical hernia operated on?

13. Diagnostic of inguinal hernia in children. Explain the rule of processus vaginalis for forming inguinal hernia in children. Differential diagnostic of inguinal hernia and communicating hydrocele in children. What age are children with inguinal hernia operated on?
14. Diagnostic of communicating and isolated hydrocele in children. Explain the rule of processus vaginalis for forming communicating hydrocele. Differential diagnostic of inguinal hernia and communicating hydrocele in children. What age are children with communicating hydrocele operated on?
15. Idiopathic (primary) varicocele: typical age, clinical symptoms. Which type of varicocele (left- or right-side's) is most frequently observed and why? What complications of varicose veins of testis do you know? Treatment of varicocele.
16. Acute haematogenous osteomyelitis in children- clinical features, diagnostic and treatment procedure. What complications and issues of acute haematogenous osteomyelitis do you know?
17. Acute haematogenous osteomyelitis in children younger 3 years old (epiphyseal osteomyelitis) - clinical features, diagnostic and treatment. What complications and issues of epiphyseal osteomyelitis do you know?
- Abdominal wall defect – exomphaluo, gastroschisis: differential diagnostic, treatment.

6. Criteria for evaluating learning outcomes

For the credit (example)

Learning outcomes	Evaluation criteria	
	Not passed	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.
The level of competence formation*	Low	Medium/High

* - not provided for postgraduate programs

For the exam (example)

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
Completeness of knowledge	The level of knowledge is below	The minimum acceptable level	The level of knowledge in	The level of knowledge in the

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
	the minimum requirements. There were bad mistakes	of knowledge. A lot of light mistakes were made	the volume corresponding to the training program. A few light mistakes were made	volume corresponding to the training program, without errors
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	Basic skills are demonstrated. Typical problems with light mistakes have been solved. All tasks have been completed, but not in full.	All basic skills are demonstrated. All the main tasks have been solved with light mistakes. All tasks have been completed, in full, but some of them with shortcomings	All the basic skills were demonstrated, all the main tasks were solved with some minor shortcomings, all the tasks were completed in full
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	There is a minimal set of skills for solving standard tasks with some shortcomings	Basic skills in solving standard tasks with some shortcomings are demonstrated	Skills in solving non-standard tasks without mistakes and shortcomings are demonstrated
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve professional tasks. Repeated training is required	The formation of competence meets the minimum requirements. The available knowledge and abilities are generally sufficient to solve professional tasks, but additional practice is required for most practical tasks	The formation of competence generally meets the requirements, but there are shortcomings. The available knowledge, skills and motivation are generally sufficient to solve professional tasks, but additional practice is required for some professional tasks	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex professional tasks
The level of competence formation*	Low	Below average	Intermediate	High

For testing:

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

Mark "4" (Good) - points (89-80%)

Mark "3" (Satisfactory) - points (79-70%)

Less than 70% – Unsatisfactory – Mark "2"

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