

Application to the work program

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

BANK OF ASSESSMENT TOOLS

FACULTY SURGERY

Speciality: **31.05.01 GENERAL MEDICINE**

Department: **FACULTY OF SURGERY AND TRANSPLANTOLOGY**

Form of study: **FULL-TIME**

Nizhny Novgorod
2021

1. Fund of assessment tools for current monitoring of progress, intermediate certification of students in the discipline

This Fund of Evaluation Funds (FOS) for the discipline "Faculty surgery" is an integral part of the work program of the discipline "Faculty surgery". This FOS is subject to all the details of the approval presented in the RPD for this discipline.

2. List of evaluation tools

To determine the quality of mastering the educational material by students in the discipline " Faculty surgery", the following assessment tools are used:

№	Estimator	Brief description of the evaluation tool	Presentation of the evaluation tool in the FOS
1	Essay	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, gives different points of view, as well as his own views on it.	List of essay topics
2	Report	The product of the student's independent work, which is a public performance on the presentation of the results of solving a specific educational, practical, educational, research or scientific topic	Topics of reports, messages
3	Case report	Clinical examination of a surgical patient and registration of the results of the examination in the form of a medical educational history of the disease	List of the main surgical nosologies for writing a medical history
4	Test	A system of standardized tasks that allows you to automate the procedure measuring the level of knowledge and skills of the student	Test fund assignments
5	Business/role play	Joint activity of a group of students and a teacher under the control of a teacher in order to solve educational and professionally oriented tasks through game simulation of a real problem situation. Allows you to evaluate the ability to analyze and solve typical professional problems.	Theme (problem), concept, roles and expected outcome for each game
6	Control work	A tool for testing skills to apply the acquired knowledge to solve problems of a certain type on a topic or section	A set of control tasks by options
7	Situational tasks	A method of control that allows you to assess the criticality of thinking and the degree of assimilation of the material, the ability to apply theoretical knowledge in practice.	Task List
8	Interview	A means of control, organized as a special conversation between a teacher and a student on topics related to the discipline being studied, and designed to clarify the amount of knowledge of the student in a particular section, topic, problem, etc.	Questions on topics / sections of the discipline

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

Code and wording of competenc	Stage formation of competence	Controlled sections of the discipline	Evaluation tools

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UC-1,2,3,9 GPC- 1,2,4,5, 7,8 PC-1,2,3	Current	Section 1. Surgical clinic Topic 1.1. Surgical schools, structure and principles of operation of the surgical departments of the clinic	Essay
		Topic 1.2. Deontological foundations in surgery, surgical documentation	Report
UC-1,2,3,9 GPC – 1,2,4, 5,7,8 PC- 1,2,3,4,5,6, 7,8,9, 11, 22, 23		Section 2. Surgery of the abdominal organs Topic 2.1. Acute and chronic appendicitis Topic 2.2. Cholelithiasis, acute cholecystitis Topic 2.3. Acute pancreatitis Topic 2.4. Acute intestinal obstruction Topic 2.5. Abdominal hernia Topic 2.6. Peritonitis Topic 2.7. Complicated peptic ulcer of the stomach and duodenum	Case report Situational tasks
UC-1,2,3,9 GPC – 1,2,4, 5,7,8 PC- 1,2,3,4,5,6, 7,8,9, 11, 22, 23		Section 3. Surgery of the organs of the chest cavity Topic 3.1. Surgical diseases of the lungs: acute and chronic suppurative diseases of the lungs, acute and chronic diseases of the pleura, lung cancer, pulmonary hemorrhage, spontaneous pneumothorax Topic 3.2. Surgical diseases of the esophagus: achalasia of the cardia, cancer of the esophagus.	Test
UC-1,2,3,9 GPC – 1,2,4, 5,7,8 PC- 1,2,3,4,5,6, 7,8,9, 11, 22, 23		Section 4. Rectal surgery Topic 4.1. Acute and chronic diseases of the rectum Topic 4.2. Rectal cancer.	Control work
UC-1,2,3,9 GPC – 1,2,4, 5,7,8 PC- 1,2,3,4,5,6, 7,8,9, 11, 22, 23		Section 5. Varicose veins of the lower extremities Topic 5.1. Uncomplicated varicose veins of the lower extremities, surgical treatment Topic 5.2. Complicated varicose veins of the lower extremities (thrombophlebitis, bleeding, chronic venous insufficiency, acute thrombosis and vein embolism)	Control work
UC-1,2,3,9 GPC – 1,2,4, 5,7,8 PC- 1,2,3,4,5,6, 7,8,9, 11, 22, 23		Section 6. Diseases of the thyroid gland Topic 6.1. Simple and thyrotoxic goiter, thyroid cancer Topic 6.2. Methods for diagnosing thyroid pathology and methods of surgical treatment, intraoperative and postoperative complications	Business/role play
UC-1,2,3,9 GPC – 1,2,4, 5,7,8 PC-	Intermediate	Section 1. Surgical clinic Section 2. Surgery of the abdominal organs Section 3. Surgery of the organs of the chest cavity Section 4. Rectal surgery	Test Situational tasks Interview

1,2,3,4,5,6, 7,8,9, 11, 22, 23		Section 5. Varicose veins of the lower extremities Section 6. Diseases of the thyroid gland	
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4. The content of the evaluation means of current control

Current control is carried out by the teacher of the discipline when conducting classes in the form of: essay, report, case report, test, business/role play, control work, situational tasks, exam paper interview.

4.1 Topics of essays for assessing competencies: UC-1, UC-2, UC-3, UC-9, GPC - 1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC-1, PC-2, PC-3

1. The main stages in the development of surgery
2. Surgery of the Ancient World
3. Surgery in the Middle Ages
4. The development of surgery until the 19th century
5. Development of surgery in the 19th and 20th centuries
6. History of asepsis and antisepsis
7. Development of surgery in Russia
8. Main surgical schools in Russia
9. Modern surgery
10. Organization of surgical care
11. Legal regulation of the provision of surgical care in the Russian Federation
12. Structure of the surgical hospital
13. Principles of operation of the surgical departments of the clinic
14. Provision of surgical care in a polyclinic
15. Principles of operation of the surgical room in the clinic

4.2. Report topics for competency assessment: UC-1, UC-2, UC-3, UC-9, GPC-1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC-1, PC-2, PC-3

1. Issues of deontology in surgery
2. The personality of the doctor in surgery
3. Professional and personal image of a surgeon
4. Communication in the structure of the professional activity of a surgeon
5. Psychological climate in the surgical department
6. Physician-patient relationship in surgery
7. The role and specifics of communication in surgery
8. Communication of a surgeon in difficult communication situations
9. Basic medical documentation of the surgical department of the hospital
10. Basic medical documentation of the surgical room of the polyclinic
11. Reporting documentation in surgery
12. Fundamentals of the legislation of the Russian Federation governing the work of a surgical clinic
13. Working with medical information systems in surgery
14. Main statistical indicators of the work of the surgical hospital
15. The main statistical indicators of the work of the surgical room of the polyclinic

4.3. Writing a case history for competency assessment: UC-1, UC-2, UC-3, UC-9, GPC-1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC-1, PC-2, PC-3, PC-4, PC-5, PC-6, PC-7, PC-8, PC-9, PC-11, PC-22, PC-23

Work at the bedside of the patient: collection of complaints, anamnesis, examination of the objective status. Work with medical records. Registration of the results of the examination of a surgical patient in the form of a medical educational history of the disease.

4.4. Situational tasks for assessing competencies: UC-1, UC-2, UC-3, UC-9, GPC-1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC-1, PC -2, PC-3, PC-4, PC-5, PC-6, PC-7, PC-8, PC-9, PC-11, PC-22, PC-23

Situational task 1

A 53-year-old patient has been suffering from periodic pains in the right hypochondrium for 8 years, but she felt quite well, almost did not follow a diet. Over the past year, attacks of pain in the right hypochondrium began to disturb more often and became more protracted. It became difficult to stop the pain. The patient is of the correct physique, increased nutrition. There were no abnormalities in the activity of the cardiovascular and pulmonary systems. The abdomen is moderately painful in the region of the right hypochondrium. The gallbladder cannot be palpated. From the side of laboratory studies, no deviations were noted.

1. What is your diagnosis?

2. What studies are needed to clarify the diagnosis?
3. Your tactics?

Situational task 2

A 54-year-old patient was admitted to the clinic with complaints of constant pain in the epigastric region, nausea and vomiting, constipation, loss of appetite. After eating, the pains usually increase, there is a feeling of heaviness in the upper abdomen. Has an aversion to meat products, but eats sour foods with pleasure. For about 10 years, he has been ill with gastric ulcer, and has been repeatedly treated on an outpatient basis. Exacerbations of the disease usually began in late autumn and lasted about 2 months, but for the last year the pain has been constant. Significant worsening of his condition began in June: pain intensified, appetite decreased sharply, vomiting became constant, weakness catastrophically increased. Lost 10 kg in weight in 4 months. An objective examination shows a significant weight loss: with a height of 174 cm, the weight is 53 kg. The skin is flabby, dry, flaky in places. Palpation of the abdomen caused moderate pain in the epigastric region and a pronounced "splash" symptom. Rectal examination revealed several collapsed hemorrhoids. Examination of other organs and systems of pathology did not reveal. Blood test: er - 3.8-10¹² / l, Hb - 100 g / l, L 6-109 / l. Urinalysis - no features. Total serum protein - 56 g/l, potassium - 3.5 mmol/l, urinary diastasis - 32 units, urea - 4.8 mmol/l, creatinine - 76 μmol/l. X-ray of the stomach: the esophagus is freely passable, the stomach is atonic, its lower border is below the scallop line. On an empty stomach in the stomach a large amount of liquid. Evacuation from the stomach is slow, the duodenal bulb is deformed. After 24 hours in the stomach a significant amount of barium.

1. What caused the patient's condition?
2. What studies are needed to clarify the diagnosis?
3. Your tactics?

Situational task 3

Patient, 65 years old, pensioner. In the morning after breakfast there were acute pains in the epigastric region with pain radiating to the chest on the left, in the left hypochondrium, in the left iliac region and back. Nausea, repeated vomiting of food eaten, then bile. Twice there was a loose stool without an admixture of mucus and blood. The patient's behavior is restless. Objectively: general condition of moderate severity, cold sweat on the face. The degree of obesity - II-III. No pathology was found in the cardiopulmonary system. BP 180/95 mm Hg. Art., pulse 80 in 1 minute. The abdomen is moderately swollen. Blue-purple spots on the lateral surface of the abdomen are determined. Peristaltic noise is weak. On palpation - tension of the abdominal wall in the epigastric region, more in the left hypochondrium. The liver, gallbladder are not determined. Weakly positive Blumberg's symptom in the left side of the abdomen. In the right iliac region there is a scar after appendectomy, urination is not disturbed. Temperature - 36.8°C, leukocytosis - 10.8 10⁹/l, urinary diastasis 256 units.

1. Diagnosis?
2. What additional research methods are needed to make a diagnosis?
3. Treatment plan.

Situational task 4

Patient, 28 years old. I got sick three days ago. The disease began with pain in the epigastric region, which soon moved to the right iliac region, nausea, there was a single vomiting. He did not go anywhere, the pains subsided, but today they resumed in the right lower abdomen, the temperature rose to 38 ° C, the gases began to pass poorly, the stool was delayed. There is general weakness, sweating. On examination: the abdomen is sharply painful in the right iliac region. Here, a dense painful tumor-like formation is determined, motionless, without clear boundaries. Positive Bloomberg's sign. Temperature 38.6°C.

1. What is your diagnosis?
2. What additional research do you need?
3. What is your tactic?

Situational task 5

A 65-year-old patient has a history of hypertension. Four hours ago, among the seeming well-being, abdominal pains appeared, there was a short-term loss of consciousness, cold sticky sweat. She was taken to the hospital by ambulance. On admission: the condition is severe, the skin is pale. Pulse 120 per minute, weak filling. BP 90/60mmHg Art. The abdomen is somewhat swollen, tense. On palpation, pain throughout the abdomen, more in the left half. To the left of the navel, a pulsating tumor-like formation is indistinctly palpable, over which a coarse systolic murmur is determined. With percussion, dullness of percussion sound in sloping places.

1. What is your diagnosis?
2. Tactics?
3. Differential diagnosis?

Situational task 6

A 60-year-old patient came to your clinic with complaints of pain in the stomach, decreased appetite, weakness, weight loss, decreased performance. The patient said that he had suffered from a stomach ulcer for more than 20 years. Repeatedly treated with temporary success. In the last year, the nature of the pains has changed, they have become less intense, little dependent on food intake, as was observed earlier, periodically marks belching with a rotten egg or air. Objectively: nutrition is somewhat reduced, pale, the abdomen is soft, slightly painful in the epigastrium. Pathology cannot be established by palpation. Temperature 36.6°C.

1. What is your preliminary diagnosis?
2. What studies will help establish the diagnosis?
3. What are your recommendations to the patient?

Situational task 7

Patient, 35 years old. Got sick 8 hours ago. She noted mild pain in the epigastric region, which gradually increased and after some time was localized in the right iliac region. There was a single vomiting. Pain is aggravated by coughing, walking, turning to the left side. The patient is married, had 3 pregnancies, menstruation was on time. There have been no such pains in the past. On examination, the patient's condition is satisfactory, nausea persists, the temperature is 37.8°C. Pulse 80 per minute. The tongue is coated, wet. On palpation, the abdomen is somewhat tense in the right iliac region and sharply painful here. Positive symptoms of Blumberg, Sitkovsky, Rovsing, Voskresensky.

1. What is your diagnosis?
2. Are additional studies needed, which ones?
3. What is the tactics of treating patients with this disease?

Situational task 8

A 36-year-old patient was admitted to the clinic 1.5 years after resection of the stomach by the Billroth-P method in the Finsterer modification, performed for a penetrating duodenal ulcer. The patient complains of severe weakness, sweating, hand trembling, dizziness after eating. Initially, the noted phenomena occurred when taking dairy products and sweet foods. In the future, the appearance of a state of weakness was noted for other products. Despite a strict diet, outpatient and inpatient treatment, signs of weakness progressed. Over the past time, I lost 9 kg in weight. X-ray of the stomach revealed that after 45 minutes barium is in the terminal ileum.

1. What caused the severe condition of the patient?
2. What studies would you order to clarify the diagnosis?
3. Your tactics?

Situational task 9

Patient, 63 years old, pensioner. Suddenly there were paroxysmal pains in the upper abdomen, more on the left side, radiating to the left side of the chest. At the same time there was indomitable vomiting. There was loose stool. Pain arose after eating fatty and spicy foods. Objectively: a state of moderate severity. Degree of obesity III. The skin is clean. On the part of the respiratory and cardiovascular system, there are no deviations from the norm. BP 180/90 mm Hg, pulse 84 per minute. The tongue is coated with white. The abdomen is swollen, painful on palpation in the epigastric region and to the left of the navel. The liver, gallbladder are not determined. Weakly positive Bloomberg's symptom in the left side of the abdomen. Intestinal peristalsis is weak. Urination is frequent. Temperature 37.6°C, leukocytosis 11.3-10⁹/l.

1. Diagnosis?
2. What research methods are needed for correct making a diagnosis?
3. Treatment plan?

Situational task 10

A 50-year-old patient was admitted to the emergency room of the hospital with complaints of cramping abdominal pain, nausea, and vomiting. 12 hours ago at work, after lifting weights, I felt pain in my stomach, not very strong in nature. Simultaneously with the pain, she noted the appearance of a tumor-like formation in the right inguinal region. The pain didn't subside. The patient went to the clinic with complaints of abdominal pain. She was given injections of painkillers and antispasmodics and was advised to lie down. Abdominal pain subsided somewhat, but after 2 hours they took on a cramping character, accompanied by nausea. At home, the patient went to bed, applied cold to her stomach, but there was no improvement, vomiting appeared. An ambulance doctor delivered a patient with a diagnosis of acute intestinal obstruction.

1. Diagnosis?
2. Are there mistakes in the actions of the medical staff?
3. Treatment?

Situational task 11

Patient, 49 years old. I got sick three days ago. After dinner, she suddenly felt sharp pains in the right hypochondrium, radiating to the lower back, shoulder blade, and right shoulder girdle. There was repeated vomiting

of bile. After an injection of antispasmodics by an ambulance doctor, the pain decreased somewhat. On the second day of the disease, icterus of the sclera appeared. (Similar attacks of pain in the right hypochondrium with the appearance of jaundice were six months ago). Then the patient noticed discolored feces and intensely colored urine. On the day of admission to the hospital in the morning there were sharp paroxysmal pain in the right hypochondrium. This time, injections of antispasmodics did not relieve the pain. On palpation of the abdomen, there is tension in the abdominal wall on the right. Due to the tension of the abdominal muscles, it is not possible to determine the gallbladder and liver. As a result of intensive therapy in the hospital, the pain in the right hypochondrium subsided, the tension of the abdominal wall decreased, and jaundice gradually began to disappear. Leukocytosis 12.2 10/9/l. Urine diastasis 16 units. Total blood bilirubin 56 mmol/l. Blood sugar - 4.8 mmol / l.

1. What research methods are needed to clarify the diagnosis?
2. Diagnosis?
3. Tactics of the surgeon?

Situational task 12

A 20-year-old patient, a driver who had not previously been ill with anything, was taken to the emergency department by his workmates. From the anamnesis it was established that at the moment of lifting the weight - he was changing the wheel of the truck - there was an acute pain in the abdomen. Due to pain, he cannot speak loudly, lies on his right side with his knees brought to his stomach. The suffering face of the patient, covered with drops of sweat, attracts attention. Pulse 110 in 1 minute, rhythmic. Breathing is superficial. The abdomen is tense, "like a board", does not participate in breathing. Painful on palpation, more in the right iliac region, where Blumberg's symptom is determined. Leukocytosis 12 10/9/l.

1. What studies are needed to clarify the diagnosis?
2. Diagnosis?
3. Treatment?

Situational task 13

Fat woman, 48 years old. Complains of severe abdominal pain in the epigastric region. I got sick the day before, the pains appeared after taking a rich fatty meal. Previously, at times she noted mild pain in the right hypochondrium, which usually disappeared after 3-4 hours. She believed that these pains are associated with a violation of the diet. At the time of examination, the patient was in a serious condition, his face was slightly cyanotic. Moaning from pain, profuse vomiting repeated several times, which did not bring relief to the patient. The abdomen is moderately swollen, soft, sharply painful in the epigastric region and in the region of the left hypochondrium. The patient complains that she is "as if surrounded by a hoop." Positive Bloomberg's sign. The temperature is normal. Pulse 100 in 1 minute.

1. What disease can cause such a serious condition in a patient?
2. What studies should be carried out to clarify the diagnosis?
3. Treatment plan?

Situational task 14

A 47-year-old patient was admitted to the clinic with complaints of pain in the right inguinal region, where a painful formation was determined. From the anamnesis it was established that 2 years ago the patient had a right-sided inguinal hernia, which was easily reduced into the abdominal cavity. Yesterday, after a strong cough, the hernia became a little larger, stopped being reduced, then severe pain appeared, which forced the patient to see a doctor. A strangulated right-sided inguinal hernia was diagnosed, the patient was offered operation. After sedation, the hernia was reduced, the pain subsided.

How to proceed in this case:

1. Release the patient for outpatient treatment?
2. Perform a hernia repair?
3. Hospitalize?

Situational task 15

A 30-year-old patient was admitted to the clinic with complaints of nausea, vomiting, and dizziness. Two days ago, he suddenly lost consciousness, after which he vomited dark masses like "coffee grounds". During the last 7 years he has been suffering from duodenal ulcer, 6 years ago the patient was operated on for a perforated ulcer - an operation was performed to suture the ulcer. Objectively: the state of moderate severity, pale skin, muffled heart sounds, systolic murmur at the top. Pulse 88 in 1 min., BP 130/70 mm Hg. Art. Belly of the correct form. From the xiphoid process to the navel there is a postoperative scar of a linear shape. On palpation, the abdomen is soft, mild pain is determined on the right in the epigastric region. There are no symptoms of peritoneal irritation. Rectal examination did not reveal any pathological formations. Blood test: er -2.4 10/12 / l, Hb 86 - g / l, l - 12.3 10 / 9 / l, leukocyte formula without features. Urinalysis without pathological changes. The patient started active hemostatic therapy. 500 ml fractional blood was transfused. In the next 2 days, the patient developed tarry feces, the number of erythrocytes decreased to 2.05 10/9/l, Hb 77 g/l, platelets - 200,000, prothrombin index 97.9%.

1. What caused the patient's condition?

2. What studies are needed to clarify the diagnosis?
3. Methods of treatment?

Situational task 16

A 40-year-old patient was admitted with complaints of sharp, cramping abdominal pain and vomiting. He fell ill the day before, abdominal pains appeared, which gradually intensified and became intolerable. Three times there was vomiting, gases do not depart. The chair was a day before the disease. On examination, the abdomen is moderately swollen, slightly tense, painful on palpation in all departments. Blumberg's symptom is negative, but "splash noise" is determined when the abdominal wall is shaken. Peristalsis sonorous, rare, audible at a distance. Dry tongue, pulse 104 per minute, leukocytosis 5.3 10⁹/l, temperature 36.8°C.

1. Diagnosis of the disease?
2. What should be done to clarify the diagnosis?
3. With what diseases is the differential diagnosis?

Situational task 17

A 40-year-old patient was admitted to the clinic with complaints of sharp pains in the right hypochondrium, radiating to the right shoulder blade and supraclavicular region, and frequent vomiting of bile. On admission: the patient's condition is moderate, due to pain in the right hypochondrium, he behaves uneasily (often changes his body position). On the part of the organs of the chest cavity, no pathology was detected. BP 130/100 mmHg Art. Pulse 128 per minute, rhythmic, temperature 37.4°C. The tongue is coated with white. The belly of the correct form, participates in the act of breathing. Palpation reveals some tension in the right hypochondrium and sharp pain along the midclavicular line below the edge of the costal arch. It is not possible to palpate the gallbladder due to severe pain. Symptoms of Kera, Ortner, Mussy are positive. Symptoms of peritoneal irritation are questionable. Pasternatsky's symptom is negative on both sides. Blood test: leukocytosis - 11.4·10⁹/l, slight shift of the blood formula to the left. Urine diastasis 16 units.

1. What is your diagnosis?
2. What studies would you conduct to clarify the diagnosis?
3. What is your treatment strategy?

Situational task 18

A 34-year-old patient was admitted to the clinic on an emergency basis with a diagnosis of gastric bleeding. Complaints of severe weakness, frequent vomiting of blood. From the anamnesis it was established that in childhood he suffered Botkin's disease. However, later he considered himself healthy. Objectively: pale, covered with sticky sweat. Pulse 100 in 1 minute, rhythmic, weak filling and tension. BP 90/60 mmHg Heart - tones are clear, rhythmic. In the lungs - vesicular breathing, no wheezing. The abdomen is large, on the anterior abdominal wall, a venous network ("jellyfish head") is visible. The edge of the liver is palpated. Ascites is determined percussion. During the examination, there was an urge to vomit. A digital examination of the rectum revealed black feces.

1. Diagnosis?
2. Treatment plan?

Situational task 19

A 43-year-old patient was referred from a polyclinic with a diagnosis of acute appendicitis for surgical treatment. Got sick 2 days ago. There were severe pains in the epigastric region, which subsequently moved to the right iliac region. The pain did not subside, the temperature rose to 37.8 ° C, so he went to the doctor. For 16 years, he has been suffering from duodenal ulcer, for which he has repeatedly been on outpatient and inpatient treatment. Objectively: correct physique, satisfactory nutrition. Tongue coated with white, dryish. The abdomen is of the correct form, it participates in breathing. Palpation is determined by local pain and muscle tension in the right iliac region. Here is a positive symptom of Blumberg. Positive symptoms of Rovsing, Sitkovsky, Bartomier Michelson. The shipments are not broken. Leukocytosis 14.8 10⁹/l.

1. Diagnosis?
2. With what diseases it is necessary to carry out differential diagnostics?
3. Treatment?

Situational task 20

Sick, physically strong man, 50 years old. Suddenly noted stitching pains in the right groin. Soon the pains began to be felt throughout the right side of the abdomen and in the lumbar region on the right, took on an unusually sharp, unbearable character. Due to severe pain, the patient either assumed a knee-elbow position, then jumped up, ran around the room, groaned and could not find a place for himself. Complains of pain in the urethra, frequent urge to urinate. The patient is covered with sweat, the pulse is 100 per minute, the temperature is normal, urine macroscopically without pathology.

1. What can cause such severe pain?
2. What studies should be done to clarify the diagnosis?

3. How can this patient be helped?

Situational task 21

A 46-year-old patient suffers from varicose veins of the lower extremities. 2 weeks ago, seals appeared along the course of varicose veins. She was treated on an outpatient basis. In the morning, following the next appointment with the surgeon of the polyclinic, she felt a sharp pain in the chest, shortness of breath, and briefly lost consciousness. She was taken to the hospital by ambulance. Objectively: the patient's condition is grave, consciousness is confused. Pulse up to 140 per minute, blood pressure 80/60 mm Hg. Severe cyanosis of the face and chest. Sharp shortness of breath up to 40 breaths per minute. On the inner surfaces of the thighs, along the great saphenous vein of the thigh, induration, redness. 1. Diagnosis?

2. Survey plan?
3. Treatment tactics?
4. Differential diagnosis?

Situational task 22

A 43-year-old patient was admitted to the clinic with complaints of irritability, trembling of the fingers, tearfulness, the presence of a tumor-like formation on the anterior surface of the neck, and significant recent weight loss. The general condition is satisfactory, reduced nutrition. The skin is pale pink. Pulse 96 per minute, rhythmic. BP 130/90 mm Hg. Art. Heart sounds are muffled, with auscultation in the lungs, hard breathing, no pathology was detected from the abdominal cavity organs. St. localis: on the anterior surface of the neck, a formation is determined that is displaced when swallowing. Palpation revealed a diffuse enlargement of the thyroid gland; painless. Main exchange +30%.

1. What is your diagnosis?
2. What research needs to be done to clarify diagnosis?
3. What are the medical recommendations for treatment?

Situational task 23

Patient, 75 years old. Was admitted with complaints of pain in the lower abdomen, a feeling of fullness in the bladder, thirst, dry mouth, insomnia. For the last 5 years, I have had to get up 1-2 times at night, because. feels at this time an imperative urge to urinate. Urination with some delay at first, then urine goes in a languid thin stream. For the last 3-4 days, he has noted a deterioration in his condition, pain in the lower abdomen, poor urination. When asked by the doctor about the possibility of urinary retention, he replied that, on the contrary, he could not hold urine and his urine gradually came out, but in separate drops.

1. What disease creates such a condition?
2. What should be done to clarify the disease?
3. What should be done to alleviate the suffering of the patient, what methods of treatment for this disease?

Situational task 24

Patient, 42 years old. History of varicose disease of the right lower extremity. During the week there was an acute respiratory illness. Suddenly there were sharp pains in the area of the right thigh, redness and induration along the varicose saphenous vein. Objectively: there are varicose nodes on the inner surface of the lower leg and thigh. In the epigastric region pigmentation. In the middle third of the thigh, there is redness, induration and sharp pain for 8-10 cm. Over the past day, the induration has spread upwards.

1. Diagnosis?
2. Tactics of treatment?

Situational task 25

Patient, 56 years old. Suffers from obliterating atherosclerosis of the lower extremities for 3 years. treated periodically. A day ago, suddenly, while walking, pain and a feeling of numbness of the left lower limb appeared. The pain gradually intensified. Objectively: active, clear consciousness. Pulsation on the common femoral artery is determined, on the popliteal and arteries of the foot - no. Systolic murmur over the common femoral artery.

1. Diagnosis?
2. Survey plan?
3. Treatment?

Situational task 26

Patient, 18 years old, student. Sick for 5-6 years. He constantly notes a cough with copious purulent sputum, sometimes up to 200 ml per day, complains of general weakness, periodic headaches and malaise. In damp times in spring and autumn, frequent exacerbations with fever, cough, weakness and general malaise. Objectively: the skin is pale, general weakness, sweating. Pulse 76 per minute, rhythmic, satisfactory filling. BP 120/80. Heart sounds are clear and pure. With percussion of the lungs - a clear pulmonary percussion sound with the presence of dullness in the lower parts of the lungs. In the lower parts of the lungs on both sides, different-sized moist rales are

heard. The abdomen is soft, painless, stool and diuresis are normal. On the x-ray of the lungs, an enhanced pulmonary pattern is determined, especially in the lower lung fields on both sides.

1. What is the diagnosis of the disease?
2. What additional studies are needed to clarify the diagnosis?
3. Treatment?

Situational task 27

Patient, 30 years old. She fell ill an hour ago. There were sharp pains in the lower abdomen, dizziness. An hour later from the moment of illness, when getting out of bed, she lost consciousness and fell. She regained consciousness in an ambulance. I felt dizzy, sick, worried about pain in the lower abdomen, more on the right, radiating to the rectum, perineum. Cannot lie down, feels better sitting. The patient is married and has one child. The last menstruation was about 2 months ago. On examination, the abdomen is tense, slightly painful in the hypogastrium, here is a positive symptom of Blumberg. Pale, covered with cold clammy sweat. BP 80/45 mmHg Art., pulse 110 in 1 minute, weak filling, rhythmic.

1. What is your preliminary diagnosis?
2. Are additional studies needed, which ones? Differential diagnosis?
3. Treatment?

Situational task 28

Patient, 56 years old. Complains of pain in the right lower limb, in the calf muscles, especially when walking. Can walk at a moderate pace of 100-120 meters. Due to pain in the calf muscles, he has to stop. Pain for 1.5 years. A year ago, he suffered a myocardial infarction. Disabled group II. Objectively: the heart sounds are muffled, the rhythm is correct. Vesicular breathing in the lungs. The skin on the lower extremities is somewhat pale. Deformation of the nail plates. The hair on the legs is scanty. The pulse on the dorsal artery and on the posterior tibial is not determined, on the common femoral - weak. On auscultation, there is a coarse systolic murmur on the aorta, iliac and femoral arteries.

1. Diagnosis?
2. Examination and treatment plan?
3. What diseases should be differentiated from?

Situational task 29

Patient, 44 years old. Suffering from rheumatic heart disease, atrial fibrillation. Suddenly, 2 hours ago, there were sharp pains in both lower extremities, coldness, a feeling of numbness. At first she could move her fingers and feet. After 1 hour, the movements stopped, the pain intensified, became intolerable. Objectively: the patient's condition is grave. The pulse is arrhythmic. BP 110/70 mm Hg. Art. Heart sounds are muffled. The skin of the lower extremities is pale with a marble tint, cold to the touch. There are no active foot movements, passive ones are preserved. Pain sensitivity is sharply reduced to the upper third of the thigh, tactile is preserved. The pulsation of the arteries of the lower extremities is not determined.

1. Diagnosis?
2. Tactics of treatment?
3. What mistakes are observed in the management of such patients?

Situational task 30

A 56-year-old patient was delivered to the emergency room of the hospital with complaints of coughing up sputum with an admixture of blood. For the last two hours, blood has been excreted in a full mouth. From the story of the patient it turned out that he was a longtime smoker. A year ago, he suffered from pneumonia, after which, after 2-3 months, he began to cough, sweating appeared, and quickly began to get tired. There are no other complaints, the temperature is normal. Three months ago, I noticed streaks of blood in my sputum. Not treated. Objectively: pale, moist skin, pulse 100 beats per minute, rhythmic, blood pressure 80/50 mm Hg. Art. The right half of the chest lags behind the left during breathing, percussion - shortening of the percussion sound and extremely weakened breathing in the projection of the upper lung field. The organs of the mediastinum are slightly displaced to the right. Temperature 36.8°C.

1. What do you think is the cause of the bleeding?
2. What studies are needed to make a diagnosis?
3. What is your tactic?

4.5. Test questions for assessing competencies: UC-1, UC-2, UC-3, UC-9, GPC-1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC-1, PC-2, PC-3, PC-4, PC-5, PC-6, PC-7, PC-8, PC-9, PC-11, PC-22, PC-23

1. Contraindication to emergency appendectomy is:
 1. Appendicular infiltrate
 2. Second half of pregnancy

3. Hemorrhagic diathesis
 4. Widespread peritonitis
2. A symptom is not typical for acute appendicitis:
 1. Rovsinga
 2. Resurrection
 3. Murphy
 4. Exemplary
 5. Bartomier-Michelson
3. When examining a patient, you have diagnosed "acute appendicitis", there are no peritoneal symptoms. To perform an appendectomy, the optimal approach would be:
 1. Fedorov access.
 2. Access via Pfanenstiel.
 3. Lower median laparotomy.
 4. Volkovich-Dyakonov access.
 5. Pirogov's access
4. The development of the pathological process in acute appendicitis begins:
 1. From the serous cover.
 2. From the mucosa of the appendix.
 3. From the muscular layer of the appendix.
 4. From the dome of the caecum.
 5. From the lymph nodes of the ileocecal region.
5. Primary gangrenous appendicitis develops due to:
 1. Thrombosis of the inferior mesenteric artery.
 2. Stenosis of the mouth of the iliocolic artery.
 3. Nonspecific arteritis of the visceral branches of the aorta.
 4. Participation in the inflammatory process of bacteroid infection.
 5. Thrombosis of the artery of the appendix.
6. At an outpatient appointment, you suspected acute catarrhal appendicitis in a patient. What is advisable to do?
 1. Urgently hospitalize the patient in a surgical hospital.
 2. Prescribe antispasmodics and re-examine the patient after 4-6 hours.
 3. The next morning, check the dynamics of body temperature and leukocytes in the blood.
 4. Prescribe antibiotic therapy and re-examine the patient the next day
 5. Observe the patient on an outpatient basis and hospitalize if the condition worsens.
7. What passes in the inguinal canal in men:
 1. The spermatic cord
 2. Femoral artery
 3. Round bond
 4. Iliopinguinal nerve
 5. Femoral vein
8. With strangulated abdominal hernia, regardless of the patient's condition, it is indicated:
 1. Antispasmodics and a warm bath
 2. Surveillance
 3. Antibiotics and strict bed rest
 4. Plain radiography of the abdominal cavity
 5. Emergency operation
9. Richter infringement includes:
 1. Infringement of the intestine in the area of the duodenojejunal junction.
 2. Infringement of the twisted sigmoid colon.
 3. Infringement of the stomach in a diaphragmatic hernia.
 4. Parietal infringement of the intestine.
 5. Infringement of Meckel's diverticulum.
10. Specify the signs of strangulated hernia:
 - a. It is possible to determine the size of the hernia gate

- b. Sharp pains in the area of hernial protrusion.
- c. Irreducible hernia.
- d. Dense consistency of hernial protrusion.
- e. Positive symptom of "cough push".

Choose the correct combination of answers:

- 1. a, b, c
- 2. b, c, e
- 3. b, c, d
- 4. a, d, e
- 5. a, c

11. Name the radical operation for calculous cholecystitis:

- 1. Cholecystectomy
- 2. Cholecystostomy
- 3. Removal of stones from the gallbladder
- 4. Internal drainage of the common bile duct
- 5. External drainage of the common bile duct

12. Ortner's symptom is:

- 1. Pain on palpation in the right hypochondrium
- 2. Soreness with pressure at the site of attachment of the right sternocleidomastoid muscle to the sternum
- 3. Increased pain on inspiration
- 4. Painless palpation of the enlarged gallbladder
- 5. Painful tapping with the edge of the palm along the right costal arch

13. Complications of acute cholecystitis include all, except:

- 1. Varicose veins of the esophagus
- 2. Obstructive jaundice
- 3. Cholangitis
- 4. Subhepatic abscess
- 5. Peritonitis

14. A patient admitted to the clinic with acute cholecystitis developed chills, jaundice, hyperthermia in the next three days. There are no symptoms of peritonitis. What complication could develop in the patient?

- 1. Stenosis of the major duodenal papilla
- 2. Empyema of the gallbladder
- 3. Subhepatic abscess
- 4. Perforation of the gallbladder
- 5. Purulent cholangitis

15. The most dangerous complication of acute destructive cholecystitis is:

- 1. Cirrhosis of the liver
- 2. Diffuse peritonitis
- 3. Acute pancreatitis
- 4. Cicatricial stricture of the common bile duct
- 5. Subhepatic abscess

16. Detection of serous effusion and plaques of steatonecrosis during laparoscopy corresponds to:

- 1. Edematous pancreatitis
- 2. Fatty pancreatic necrosis
- 3. Hemorrhagic pancreatic necrosis
- 4. Purulent pancreatitis
- 5. Such changes are not typical for acute pancreatitis

17. What is your further tactics in acute destructive pancreatitis?

- 1. Infusion therapy without antibiotic therapy
- 2. Only antibiotic therapy
- 3. Emergency operation
- 4. Dynamic observation
- 5. Laparoscopy

18. The patient was admitted to the clinic with suspected acute pancreatitis. Specify the most informative method of diagnosing the disease:
1. celiacography
 2. ultrasound examination
 3. laparocentesis
 4. thermography
 5. gastroduodenoscopy
19. The most informative research method for acute pancreatitis is:
1. survey fluoroscopy of the abdominal cavity
 2. laparoscopy
 3. gastroduodenoscopy
 4. determination of blood and urine amylase, ultrasound
20. A patient has been suffering from chronic pancreatitis for 10 years, notes frequent diarrhea, weight loss, pain after eating. Specify the characteristic signs of violation of exocrine activity of the pancreas:
1. dry skin
 2. diabetes
 3. creta- and steatorrhea
 4. expansion of the veins of the anterior abdominal wall
 5. renal and hepatic insufficiency
21. 6 months after pancreatic necrosis in a 45-year-old patient, ultrasound revealed a 3x4 cm pancreatic body cyst. Specify the initial treatment option:
1. cystoenteroanastomosis
 2. external drainage under ultrasound control
 3. pancreatoduodenal resection with duct filling
 4. Marsupilization
 5. cystogastrostomy
22. Specify the most informative research method for acute intestinal obstruction:
1. plain radiography of the abdominal cavity
 2. fibrocolonoscopy
 3. gastroscopy
 4. angiography
 5. Ultrasound
23. Conservative treatment of acute intestinal obstruction is used only for:
1. Inversion
 2. Nodulation
 3. Intussusceptions
 4. Dynamic obstruction
 5. Obstruction by gallstone
24. The appearance of the symptom of "splash noise" in acute intestinal obstruction is explained by:
1. The presence of effusion in the abdominal cavity
 2. Accumulation of fluid and gas in the afferent intestinal loop
 3. Accumulation of fluid and gas in the outlet loop of the intestine
 4. The presence of free gas in the abdominal cavity
 5. All of the above is wrong
25. The most common cause of small bowel mechanical obstruction is:
1. Foreign bodies
 2. Gallstones
 3. Tumors
 4. Abdominal adhesions
 5. Helminths
26. The disappearance of pain and the appearance of "melena" in duodenal ulcer is typical for:
1. Pyloroduodenal stenosis
 2. Perforated ulcers
 3. Ulcer malignancy

4. Bleeding
 5. Penetration into the pancreas
27. Explain the reason for the appearance of muscle tension in the right iliac region, which occurs with a perforated ulcer 12PC:
1. Reflex connections through the spinal nerves
 2. Accumulation of air in the abdominal cavity
 3. Leakage of acidic gastric contents along the right lateral canal
 4. Developing diffuse peritonitis
 5. Viscero-visceral connections with the appendix
28. Select a complication of gastric ulcer, which is characterized by a forced position of the patient with legs brought to the stomach, board-like tension of the abdominal muscles:
1. Penetration of the ulcer into the lesser omentum
 2. Covered perforation
 3. Perforation into the free abdominal cavity
 4. Penetration into the pancreas
 5. Decompensated pyloric stenosis, occurring with severe water and electrolyte disturbances
29. Symptoms of a perforated stomach ulcer are:
- a. "Dagger" pain
 - b. plank belly
 - c. repeated vomiting
 - d. Positive symptom of "disappearance of hepatic dullness"
 - e. Cramping pains in the upper abdomen
- The correct one would be:
1. b, c
 2. a, c, d
 3. a, b, d
 4. d, e
 5. a, e
30. A 65-year-old patient suffering from peptic ulcer for 4 years was diagnosed with a perforated ulcer 12PK. The duration of the disease is 15 hours. What operation is preferable in this case?
1. Sewing up the perforation
 2. Stem vagotomy with Finney pyloroplasty
 3. Resection of the stomach
 4. Gastroenteroanastomosis
 5. Antrumectomy with ulcer 12PC
31. In bowel perforation associated with ulcerative colitis, it is indicated:
1. suturing perforation
 2. proximal colostomy
 3. total colectomy and ileostomy
 4. resection of a segment of the intestine with perforation
 5. removal of the loop with perforation from the abdominal cavity
32. Diverticulosis is usually observed:
1. in the esophagus
 2. in the stomach
 3. per 12pcs
 4. in the ileum
 5. in the colon
33. Meckel's diverticulum can cause:
1. intussusception
 2. intestinal obstruction
 3. perforations
 4. bleeding
 5. all of the above is true
34. Obligate precancers of the colon include:

1. juvenile polyps
 2. solitary colon polyp
 3. regional enteritis
 4. terminal ileitis
 5. diffuse familial polyposis
35. The following symptoms are typical for volvulus of the sigmoid colon, except:
1. cramping pains
 2. Abdominal asymmetries
 3. "splash noise"
 4. symptom of Zege von Manteuffel
 5. diarrhea.
36. Diffuse purulent peritonitis can be the result of all the listed diseases, except:
1. perforation of Meckel's diverticulum
 2. destructive appendicitis
 3. stenosis of the major duodenal papilla
 4. Richter incarcerated hernia
 5. acute intestinal obstruction
37. Late stage of peritonitis is characterized by all of the following, except:
1. bloating
 2. hypovolemia
 3. disappearance of bowel sounds
 4. hypoproteinemia
 5. enhanced peristalsis
38. Complications of acute peritonitis include shock, sepsis, shock lung, pneumonia, as well as:
1. hepatic-renal failure
 2. hypercoagulation
 3. dysproteinemia
 4. acute dilatation of the stomach
 5. pulmonary embolism.
39. The most radical method in the treatment of acute thrombosis of hemorrhoids should be considered:
1. sclerotherapy
 2. presacral novocaine blockade
 3. anticoagulants
 4. surgery
 5. application of cold
40. The most rational treatment for rectal cancer is:
1. chemotherapy
 2. symptomatic treatment
 3. x-ray radiotherapy
 4. combined treatment
 5. surgery
41. Goiter in individuals of one biogeochemical region is defined as:
1. epidemic
 2. sporadic
 3. acute strumitis
 4. endemic
 5. massive thyrotoxicosis
42. Which of the following symptoms is not a manifestation of thyrotoxicosis:
1. exophthalmos
 2. weight gain
 3. tachycardia
 4. hand tremor
 5. symptoms of Graefe, Möbius and Stelwag

43. In breast fibroadenoma it is indicated:
1. simple mastectomy
 2. amputation of the breast
 3. sectoral resection
 4. radical mastectomy
 5. radiation therapy
44. Specify the most rare cause of mastopathy development:
1. hyperandrogenemia
 2. hyperestrogenemia
 3. hypoandrogenemia
 4. hypoestrogenemia
 5. psychopathy
45. Specify the optimal volume of surgery for nodular euthyroid goiter:
1. node enucleation
 2. resection of the lobe of the gland
 3. subtotal gland resection
 4. thyroidectomy
 5. Craill operation
46. How is the diagnosis of "widespread peritonitis" established before surgery:
1. anamnestic
 2. clinically
 3. radiographically
 4. during rectal examination
 5. laboratory and biochemical analyzes
47. The most common cause of peritonitis is:
1. acute appendicitis
 2. perforated ulcer
 3. salpingitis
 4. strangulation of the small intestine
 5. stomach cancer
48. Epithelial coccygeal passage:
1. connected with the sacrum
 2. associated with the coccyx
 3. ends blindly in the subcutaneous tissue of the intergluteal region
 4. located between the posterior surface of the rectum and the anterior surface of the sacrum
 5. communicates with the lumen of the rectum
49. To study fistulas of the rectum, the following is used:
1. external examination and palpation
 2. digital examination of the rectum
 3. staining of the fistulous tract and probing
 4. fistulography
 5. all of the above
50. For chronic paraproctitis, the most characteristic symptom is:
1. hematuria
 2. the presence of a fistulous opening on the skin of the perineum
 3. allocation of scarlet blood at the end of the act of defecation
 4. pain in the lower abdomen
 5. diarrhea

№ test task	№ response standard	№ test task	№ response standard	№ test task	№ response standard
1	1	21	2	41	4
2	3	22	1	42	2
3	4	23	4	43	3
4	2	24	2	44	5

5	5	25	4	45	2
6	1	26	4	46	2
7	1	27	3	47	1
8	5	28	3	48	3
9	4	29	3	49	5
10	3	30	1	50	2
11	1	31	1		
12	5	32	5		
13	1	33	5		
14	5	34	5		
15	2	35	5		
16	2	36	3		
17	3	37	5		
18	2	38	1		
19	4	39	4		
20	3	40	4		

4.6. Topics of control works for assessing competencies: UC-1, UC-2, UC-3, UC-9, GPC-1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC-1, PC-2, PC-3, PC-4, PC-5, PC-6, PC-7, PC-8, PC-9, PC-11, PC-22, PC-23

1. Acute appendicitis. Etiology, pathogenesis, classification, clinic, treatment.
 2. Clinic of acute appendicitis, depending on the location of the appendix.
 3. Acute appendicitis. Differential diagnosis with diseases of the genitourinary system.
 4. Acute appendicitis. Differential diagnosis with diseases of the digestive system.
 5. Acute appendicitis. Differential diagnosis with diseases of the respiratory and cardiovascular systems.
 6. Acute appendicitis. Treatment. Preparation for the operation. Postoperative management of patients.
 7. Complications of acute appendicitis. Classification, causes, diagnosis, treatment, prevention.
 8. Appendicular infiltrate. Causes, clinic, differential diagnosis, treatment.
 9. Appendicular abscess. Causes, clinic, diagnosis, treatment, prevention. Pylephlebitis.
 10. Features of acute appendicitis in the elderly and senile age. Diagnosis, treatment.
 11. Features of acute appendicitis in children. Diagnosis, treatment.
 12. Features of acute appendicitis in pregnant women, differential diagnosis, diagnosis, treatment.
 13. Chronic appendicitis. Classification, clinic, diagnosis, differential diagnosis, treatment.
 14. Inguinal hernia. Anatomy of the inguinal canal. Etiopathogenesis, classification, diagnosis, differential diagnosis.
 15. Oblique inguinal hernia, clinic, diagnostics. Operation methods.
 16. Direct inguinal hernia, clinic, diagnosis, differential diagnosis, methods of operations.
 17. Principles of plastic surgery of the inguinal canal for oblique and direct inguinal hernias.
 18. Femoral hernia. Anatomy of the femoral canal. Diagnosis, differential diagnosis.
 19. Hernias of the white line of the abdomen, clinic, diagnosis, treatment.
 20. Umbilical hernia, clinic, diagnosis, differential diagnosis.
 21. Postoperative ventral hernias. Etiopathogenesis, clinic, diagnostics, treatment.
 22. Complications of hernias. Clinic of strangulated hernia, differential diagnosis, diagnosis, treatment.
- False infringement.
23. Strangulated hernia. Surgical tactics in spontaneous reduction of strangulated hernia. Imaginary reduction of the restrained hernia.
 24. Types of hernia incarceration. Infringement mechanism. Pathological changes in the affected organ.
 25. Surgical intervention for strangulated hernia, features. Signs of non-viability of the restrained organ.
 26. Peptic ulcer of the stomach and duodenum. Pathogenesis, clinic, causes of failure of conservative treatment. At-risk groups.
 27. Indications for surgical treatment of gastric and duodenal ulcer. Indications for surgical therapy according to S.S. Yudin.
 28. Methods of surgical interventions for peptic ulcer of the stomach and duodenum. Types of gastrointestinal anastomoses during resection of the stomach.
 29. Early postoperative complications in gastric resection. Their prevention and treatment.
 30. Late complications after gastric surgery. Afferent loop syndrome.
 31. Diseases of the operated stomach, classification, treatment.
 32. Gastroduodenal bleeding (peptic ulcer, erosive gastritis, Mallory-Weiss syndrome, esophageal varicose veins, tumors), clinic, diagnosis, differential diagnosis, treatment.

33. Peptic ulcer of the stomach and duodenum, complicated by bleeding, clinic, diagnosis, differential diagnosis. Indications for conservative and surgical treatment.
34. Peptic ulcer of the stomach and duodenum, complicated by perforation. Clinic, Clinic, diagnostics, endoscopic and video laparoscopic picture, differential diagnosis, treatment. Types of operations.
35. Covered perforated ulcer. Clinic, endoscopic and video laparoscopic picture, features of treatment.
36. Pyloric stenosis. Causes, pathogenesis of water-electrolyte and other disorders, clinic, treatment.
37. Peptic ulcer of the stomach, complicated by oncoprocess, early diagnosis, precancerous conditions.
38. Gallstone disease. Stone formation pathogenesis, clinic, diagnostics, differential diagnosis, treatment.
39. Acute cholecystitis, classification, clinic of various forms, diagnosis, differential diagnosis. Conservative treatment of acute cholecystitis.
40. Surgical treatment of acute cholecystitis. Indications for surgery, preoperative preparation, types of operations. Indications and contraindications for laparoscopic cholecystectomy.
41. Cholelithiasis: complications (choledocholithiasis, biliary tract fistulas, Mirizi syndrome, Vater's papilla stricture, etc.), diagnosis, treatment, prevention.
42. Choledocholithiasis. Clinic, diagnostics. Indications and types of drainage of the biliary tract.
43. Obstructive jaundice. Causes, pathogenesis of disorders, clinic, diagnosis, differential diagnosis. Features of surgical interventions and prevention of complications.
44. Cholangitis. Causes, clinic, diagnosis, treatment.
45. Chronic cholecystitis. Pathoanatomy. Clinical course, diagnosis, indications for surgery. Indications and contraindications for laparoscopic cholecystectomy.
46. Acute pancreatitis, clinic, diagnosis, differential diagnosis, laparoscopic picture.
47. Acute pancreatitis. Conservative treatment. Methods of non-specific detoxification (forced diuresis, lymphosorption, etc.). Prevention of relapses (diet, regimen, spa treatment, labor rehabilitation).
48. Acute pancreatitis. Indications for surgical treatment. Characteristic interventions and their outcomes.
49. Pancreatic necrosis: fatty, hemorrhagic, mixed. Clinic, diagnosis, treatment. The role of videolaparoscopy in the diagnosis of pancreatic necrosis.
50. Chronic pancreatitis (fistulas, cysts, tumors). Etiopathogenesis, clinic, diagnostics, differential diagnosis. Indications for surgical treatment, types of operations.
51. Intestinal obstruction, classification, clinic, diagnosis, differential diagnosis.
52. Dynamic intestinal obstruction. Etiology, pathogenesis, clinic, differential diagnosis, treatment.
53. Obstructive intestinal obstruction. Causes, pathogenesis, features of water-electrolyte balance and acid-base disorders, differential diagnosis, diagnostics.
54. Strangulation intestinal obstruction, etiopathogenesis, clinic, diagnosis, differential diagnosis, treatment.
55. Invagination. Causes, pathogenesis, clinic, diagnosis, differential diagnosis, treatment.
56. Volvulus of the small intestine. Causes, pathogenesis, clinic, diagnosis, treatment.
57. Nodulation. Causes, pathogenesis, clinic, diagnosis, treatment.
58. Volvulus of the sigmoid colon. Causes, pathogenesis, clinic, diagnosis, treatment.
59. Volvulus of the caecum. Causes, pathogenesis, clinic, diagnosis, treatment.
60. Adhesive intestinal obstruction. Etiology, pathogenesis, clinic, differential diagnosis, treatment.
61. Surgical tactics in acute intestinal obstruction. Types of operations. Indications for bowel resection.
62. Acute peritonitis. Classification. Anatomical and physiological information about the peritoneum. Etiology. Ways of spread of infection. The role of defense mechanisms.
63. Acute peritonitis. Clinic, diagnosis, differential diagnosis.
64. Preoperative preparation and postoperative management of patients with peritonitis. Fight against hemodynamic disorders, intoxication, intestinal paresis.
65. Acute diffuse purulent peritonitis. Features of surgical interventions. Indications for drainage of the abdominal cavity. Indications for program sanitation of the abdominal cavity.
66. Subphrenic abscess. Causes, clinic, diagnosis, treatment.
67. Interintestinal abscess. Cause, cynics, diagnosis, treatment.
68. Nonspecific ulcerative colitis. Complications. Clinic, diagnosis, treatment.
69. Colon diverticulosis. Etiopathogenesis. Clinic, diagnosis, complications, treatment.
70. Polyp and polyposis of the large intestine. Etiopathogenesis. Clinic, diagnosis, treatment.
71. Hirschsprung's disease. Etiopathogenesis. Clinic, diagnosis, treatment.
72. Intestinal fistulas. Classification. Etiopathogenesis. Clinic, diagnosis, treatment
73. Damage to the esophagus. Etiopathogenesis. Clinic, diagnosis, treatment.
74. Esophagitis. Classification. Etiopathogenesis. Clinic, diagnosis, treatment.
75. Cardiospasm and achalasia of the esophagus. Classification. Etiopathogenesis. Clinic, diagnostics, differential diagnostics, treatment.
76. Burns, strictures of the esophagus. Classification. Etiopathogenesis. Clinic, diagnosis, treatment.
77. Diverticula of the esophagus. Etiopathogenesis. Clinic, diagnosis, treatment.
78. Hemorrhoids. Complications, differential diagnosis, modern methods of treatment, prevention.
79. Anal fissure, etiopathogenesis, clinic, diagnosis, treatment.

80. Paraproctitis. Etiopathogenesis, classification, clinic, diagnosis, treatment.
81. Diseases of the mammary gland: mastopathy, gynecomastia, fibroadenomas. Clinic, diagnosis, treatment.
82. Uncomplicated varicose veins of the lower extremities, surgical treatment.
83. Complicated varicose veins of the lower extremities (thrombophlebitis, bleeding, chronic venous insufficiency, acute thrombosis and vein embolism).
84. Congenital venous dysplasia, clinic, diagnosis, treatment.
85. Damage to the main veins of the extremities.
86. Varicose veins of the lower extremities, clinic, diagnosis, treatment.
87. Post-thrombophlebitic syndrome, clinic, diagnosis, treatment.
88. Trophic ulcers of venous etiology, clinic, diagnosis, treatment.
89. Acute thrombophlebitis of superficial veins, clinic, diagnosis, treatment.
90. Acute deep vein thrombosis of the lower extremities, clinic, diagnosis, treatment.

4.7. Role/business games for competency assessment: UC-1, UC-2, UC-3, UC-9, GPC-1, GPC-2, GPC-4, GPC-5, GPC-7, GPC-8, PC- 1, PC-2, PC-3, PC-4, PC-5, PC-6, PC-7, PC-8, PC-9, PC-11, PC-22, PC-23

1. Role/business game "Diagnosis of surgical pathology of the thyroid gland."

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify the surgical pathology of the thyroid gland and determine the treatment tactics.

2. Role/business game "Diffuse toxic goiter".

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify diffuse toxic goiter in a patient and determine treatment tactics.

3. Role/business game "Multinodular toxic goiter".

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify the multi-nodal toxic in a patient and determine treatment tactics.

4. Role/business game "Thyroiditis".

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify thyroiditis in a patient and determine treatment tactics.

5. Role/business game "Benign tumors of the thyroid gland".

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify a benign thyroid tumor in a patient and determine treatment tactics.

6. Role/business game "Malignant tumors of the thyroid gland".

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify a malignant tumor of the thyroid gland in a patient and determine treatment tactics.

7. Role/business game "Diseases of the parathyroid glands."

During the business game, which is organized during a practical lesson, the student demonstrates the skills of interpreting the data of questioning, examination, physical research methods, instrumental and laboratory data in order to verify the disease of the parathyroid glands in a patient and determine the treatment tactics.

5. The content of the assessment means of intermediate certification: test, situational tasks, interview

Intermediate certification in the 7th semester of the 4th is carried out in the form of a test

Intermediate certification in the 8th semester of the 4th is carried out in the form of an exam

5.1 The list of control tasks and other materials necessary for assessing knowledge, skills and experience: tests in sections test tasks, situational tasks and interview questions.

5.1.1. Test questions with answer options for the test and exam in the discipline "Faculty Surgery" are presented in paragraph 4.5

5.1.2. Test questions with answer options for the test and exam in the discipline "Faculty Surgery" are presented in paragraph 4.4

5.1.3. The list of questions for the interview at the exam in the discipline "Faculty Surgery":

1. Anatomical and physiological information about the mammary gland. Classification of diseases. Survey methods.

2. Acute purulent mastitis. Clinic, diagnosis, treatment.

3. Mastopathy. Causes, classification, clinic, diagnosis, treatment, prevention.

4. Benign tumors (fibroadenoma, lipoma). Clinic, diagnostics, differential diagnostics, treatment.

5. Breast cancer. Ways of metastasis, forms (nodular, diffuse, infiltrating, Paget's cancer, mastitis-like cancer, erysipelas-like, shell cancer.) International classification and stages. Diagnosis, treatment, prevention.
6. Etiology and pathogenesis of acute appendicitis.
7. Acute appendicitis. Clinic, diagnostics, differential diagnostics.
9. Treatment. Indications and contraindications for appendectomy.
10. Complications of acute appendicitis (infiltrates, ulcers of the ileocecal region, inter-intestinal abscess, subphrenic, pelvic pyelphlebitis). Clinic, diagnosis, treatment.
11. Features of the clinical manifestation of acute appendicitis in children, elderly and senile people, pregnant women.
12. Chronic appendicitis - clinic, diagnosis, differential diagnosis, treatment.
13. Acute appendicitis (preparation of patients for surgery, management of the postoperative period, results of surgical treatment).
14. Early complications after surgery for acute appendicitis. Clinic, treatment.
15. Cancer of the colon. Classification (according to anatomical forms of growth and histological structure, stage of the process, clinical course). Clinic. Complications (obstruction, perforation, bleeding). Diagnostics. Differential diagnosis. Volumes of operation, indications to them. Principles of postoperative preparation.
16. Fissure of the rectum. Causes, clinic, diagnosis, treatment.
17. Paraproctitis and pararectal fistulas. Etiology, pathogenesis, classification, clinic, diagnosis, treatment.
18. Polyps of the rectum and polyposis. clinic, diagnostics, treatment.
19. Cancer of the rectum. Classification (according to anatomical forms of growth and histological structure, stage of the process, clinical course). Clinic. Complications (obstruction, perforation, bleeding). Diagnostics. Differential diagnosis. Volumes of operation, indications to them. Principles of postoperative preparation and course. Radiation therapy and chemotherapy.
20. General symptoms of hernias. Diagnosis, treatment, principles of surgery, contraindications for surgery, preparation for surgery, postoperative period, causes of hernia recurrence, prevention.
21. Hernias - definition, hernia elements, etiology, pathogenesis, classification (by origin, localization, course).
22. Inguinal hernia. Anatomy of the inguinal canal. Direct, oblique, congenital inguinal hernia. Diagnostics and differential diagnostics, methods of operations (plasty according to Roux, Bobrov, Martynov, Spasokukotsky, Bassini).
23. Femoral hernia - causes, clinic, diagnosis, methods of operations (Bassini, Ruggi).
24. Umbilical hernia - clinic, diagnosis, differential diagnosis, methods of operation (Lexer, Mayo, Sapezhko). Features in children.
25. Hernias of the white line of the abdomen - anatomical data, clinic, diagnosis, differential diagnosis, methods of operations.
26. Postoperative hernia - causes, diagnosis, methods of operations (Sapezhko, alloplasty).
27. Irreducible hernia - definition, clinic, diagnosis, methods of treatment.
28. Strangulated hernia, definition, pathoanatomical changes in the strangulated organ (strangulation furrow, changes in the strangulated intestine, afferent loop, ischemic necrosis), types of strangulations, clinic, diagnosis, treatment.
29. Differential diagnosis of strangulated hernia.
30. Retrograde, parietal infringement of hernias, clinical features, diagnosis, methods of treatment.
31. Imaginary reduction and false infringement of hernias. Definition, concepts, treatment.
33. Methods for determining the viability of the strangulated intestine.
34. Surgeon's tactics in case of spontaneous reduction of a strangulated hernia (when examined at home, in the emergency department, in a hospital - on the operating table).
35. Inflammation of a hernia - causes, clinic, diagnosis, differential diagnosis, treatment.
36. Sliding hernias - features of operational technique for sliding hernias.
37. Hernia of the esophageal opening of the diaphragm - classification (sliding, paraesophageal), clinic, diagnosis and treatment. Complications, indications for surgery
38. Strangulation intestinal obstruction, definition, causes, pathogenesis, clinic, diagnosis, differential diagnosis, types of operations, indications for bowel resection.
39. Intestinal obstruction. Definition, classification (by origin, pathogenesis, localization), methods of examination, diagnosis, treatment.
40. Acute intestinal obstruction due to obturation (definition, causes, pathogenesis, clinic, examination methods, differential diagnosis, treatment). Features of violations of water-electrolyte balance and acid-base balance.
41. Intussusception of the intestine (definition, types, causes, pathogenesis, clinic, diagnosis, differential diagnosis, methods of examination and treatment). Types of operations.
42. Preoperative preparation and management of the postoperative period in patients with AIO. The fight against intoxication, intestinal paresis, hydroionic disorders, changes in acid-base balance.

43. Dynamic intestinal obstruction - etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment.
44. Dynamic intestinal obstruction as a symptom of acute diseases of the chest, abdominal cavity and retroperitoneal space.
45. Obliterating atherosclerosis of vessels of the lower extremities. Etiology, pathogenesis, clinic, diagnostics, treatment. Indications and choice of method of surgical treatment of patients
46. Obliterating endarteritis, etiology, pathogenesis, clinic, diagnosis, treatment. Indications and choice of method of surgical treatment of patients
47. Aneurysm of the thoracic and abdominal aorta. Classification, diagnosis, treatment.
51. Arterial thrombosis and embolism. Difference, etiology, pathogenesis, clinic, diagnostics, treatment.
52. Conservative and surgical treatment of acute arterial obstruction (embolism, thrombosis).
54. Varicose veins of the lower extremities - etiology, pathogenesis, classification. Diagnosis, treatment, sclerotherapy, surgery (indications, contraindications).
55. Complications of varicose veins, clinic, diagnosis, treatment.
58. Thrombophlebitis of the lower extremities, definition, classification, etiology, pathogenesis, clinic of thrombophlebitis of superficial veins, diagnosis, dangers, complications, medical tactics. Prevention.
59. Acute deep vein thrombosis of the lower extremities, etiology, pathogenesis, clinic, diagnosis, treatment (conservative, surgical). Prevention
60. Thromboembolism of the pulmonary artery. Etiology, pathogenesis, clinic, diagnostics, prevention, treatment.
63. Peptic ulcer of the stomach and duodenum etiology, pathogenesis, stages, clinic and diagnosis. principles of conservative and surgical treatment.
65. Surgical methods of treatment of gastric ulcer and duodenal ulcer, indications, choice of operation method. Types of anastomoses during resection of the stomach (Billroth-1,2, Finsterer, Balfour, Roux, vagotomy).
66. Callous and penetrating ulcer of the stomach and duodenum (clinic, diagnosis, treatment).
67. Cicatricial-ulcerative stenosis of the gastric outlet (degrees of stenosis, clinic, diagnosis, treatment).
- Violations of acid-base balance
68. Covered perforation of gastric and duodenal ulcers, clinic, diagnostics, surgical tactics in them.
69. Perforated ulcer of the stomach and duodenum, classification, clinic (primary shock, stage of euphoria, stage of diffuse peritonitis), diagnosis, differential diagnosis, treatment.
71. Bleeding ulcer, classification of bleeding, clinic of gastrointestinal bleeding, diagnosis, differential diagnosis, treatment.
72. Mallory-Wess syndrome, etiology, clinical picture, diagnosis, treatment.
74. Non-epithelial tumors of the stomach, classification, clinic, diagnosis, treatment.
75. Cancer of the stomach. Pathological and histological classifications. Stages of stomach cancer.
- Syndrome of small signs. Complications, clinic, diagnostics
76. Ways of metastasis in stomach cancer. Features of the clinical picture of gastric cancer depending on the localization of the tumor in the stomach and the form of growth.
78. Gastric cancer, surgical treatment (gastric resection, gastrectomy)
81. Cholelithiasis, clinic, diagnosis, differential diagnosis, treatment, indications for surgery, methods of operations (cholecystostomy, cholecystectomy, choledochotomy, drainage of the common bile duct).
82. Complications of cholelithiasis.
83. Differential diagnosis of mechanical and parenchymal jaundice.
84. Cholangitis. Clinic, diagnostics, differential diagnostics, treatment.
85. Acute cholecystitis. Classification, clinic, diagnosis, treatment. Indications for surgical treatment.
86. Cholemia and acholia, origin, complications, features of operations in icteric patients, preoperative preparation, treatment.
87. Chronic cholecystitis. Clinic, diagnosis, treatment.
88. Dropsy and empyema of the gallbladder. Clinic, diagnosis, treatment.
89. Acute pancreatitis, etiology, pathogenesis, pathological anatomy of acute pancreatitis.
90. Significance of laboratory methods in the diagnosis of acute pancreatitis.
91. Acute pancreatitis, clinic, diagnostics, differential diagnostics.
93. Complications of acute pancreatitis (abscess formation, pancreatic fistula, false cyst, peritonitis), differential diagnosis
94. General principles of treatment of acute pancreatitis, indications for surgery.
95. Pancreatic cysts. Classification, clinic, diagnosis, treatment, principles of surgical treatment.
97. Chronic pleural empyema. Definition, clinic, diagnosis, treatment, causes of the transition of acute empyema to chronic.
98. Acute purulent pleurisy. Definition, concepts, classification according to the etiological factor, the prevalence of the process. Ways of penetration of infection into the pleural cavity., clinic, diagnosis, treatment, indications for drainage of the pleural cavity.

99. Chronic lung abscess. Reasons for the transition of an acute abscess to a chronic one. Clinic, diagnosis, treatment.
100. Acute lung abscess. Definition, etiology, pathogenesis, clinic, diagnosis, treatment, types of operations.
101. Gangrene of the lungs. Definition, Etiology, pathogenesis, clinic, diagnosis, treatment, types of operations.
102. Bronchoectatic disease. Definition, concepts, classification, etiology, pathogenesis, clinic, diagnosis, treatment, indications for surgical treatment, types of operations.
103. Lung cancer, etiology, pathogenesis, ways of metastasis, classification, clinic. Indications and contraindications for surgical treatment.
104. Benign tumors of the lungs, clinic, diagnosis, treatment (lung resection, bronchus resection, endoscopic tumor removal).
108. Pyopneumothorax. Causes. Sharp, soft and worn forms. Total, limited, valvular, tense, diagnosis, treatment.
109. Peritonitis. Definition, information about the peritoneum, classification of peritonitis.
110. Acute purulent peritonitis, sources. Clinic, diagnosis, treatment.
111. 1. Pancreatitis. Anatomical and physiological features. Etiology, pathogenesis. Clinical manifestations, making a diagnosis, differential diagnosis. Modern methods of the treatment, Possible complications and prophylaxis.
112. Diseases of the peripheral arteries. Anatomical and physiological features. Thrombosis and embolism. Etiology, pathogenesis. Modern treatment. Obliterating atherosclerosis, endarteritis. Raynaud's disease. Clinical manifestation, making a diagnosis, differential diagnosis. Methods of the treatment. Principals of the anticoagulant therapy.
113. 1. Appendicitis. Anatomical and physiological features. Etiology. Clinical manifestation, making a diagnosis, Treatment, complications and prophylaxis.
114. 2. Diseases of the veins of the lower extremity. Anatomical and physiological features. Burger's disease, varicose dilatation, acute and chronic thrombophlebitis superficial and deep veins, postthrombophlebitis syndrome. Etiology and pathogenesis. Clinical manifestations making a diagnosis. Methods of the treatment.
115. Cholelithiasis. Cholecystitis without stones. Anatomical and physiological features. Etiology, pathogenesis. Clinical manifestations making a diagnosis, differential diagnosis of jaundice. Treatment. Complications, prophylaxis. Postcholecystectomy syndrome.
116. Diseases of the rectum. Cancer rectum. Anatomical and physiological features. Etiology and pathogenesis. Modern methods of the diagnostic examination. Differential diagnosis. Methods of the treatment. Indications and contraindications to surgical treatment. Complications and their prophylaxis.
117. Gastric and duodenal ulcers. Anatomical and physiological features. Etiology, pathogenesis. Clinical manifestation, making a diagnosis, differential diagnosis. Complicated forms of the gastric ulcers. Methods of the treatment. Indications and contraindications to surgical treatment. Complications and their prophylaxis.
118. Diseases of the esophagus. Congenital defects. Esophageal benign and malignant diseases. Clinical picture, modern diagnostics, treatment.
119. Peritonitis. Anatomical and physiological features of abdominal cavity. Classification. Etiology and pathogenesis. Clinical manifestations, making a diagnosis. Modern methods of the treatment. Possible complications and their prophylaxis.
120. Abdominal hernias. Anatomical and physiological features, etiology. Clinical manifestation, making a diagnosis, differential diagnosis. Treatment, complication and prophylaxis.
121. Liver and pancreas lesions (cancer, cysts, benign tumors, chronic pancreatitis, external pancreatic fistula). Symptoms, diagnostics and methods of treatment. Mechanical jaundice. Etiology, pathogenesis, symptoms, treatment.
121. Intestinal obstruction. Anatomical and physiological features. Etiology, pathogenesis. Clinical manifestation, making a diagnosis, differential diagnosis. Methods of the treatment. Possible complications and prophylaxis.
122. Acute gastroduodenal hemorrhages. Sources, Diagnostic methods, determination of the blood loss extent. Methods of the conservative and operative treatment. Surgical transfusiology.
123. Tumors of the large intestine. Etiology. Making a diagnosis, differential diagnosis. Modern surgery treatment.
124. Disease of the lungs, pleura empyema. Abscess and lung gangrene. Bronchoectatic disease. Etiology. Pathogenesis. Anatomical and physiological features. Clinical manifestations. Making a diagnosis, differential diagnosis. Treatment. Complications and their prophylaxis.
125. Diseases of the thyroid gland. Classification. Modern methods of the diagnostic examination. Clinical manifestations, making a diagnosis. Differential diagnosis. Methods of the treatment. Indications and contraindications of the surgical treatment. Complications and their prophylaxis.

126. Cancer of the lung. Anatomical and physiological features. Etiology. Classification. Central and peripheral forms of the cancer of the lung. Modern methods of the examination. Indications and contraindications of the surgical treatment. Methods of the surgical treatment. Complications and their treatment and prophylaxis.

127. Non-tumor large intestine diseases, classification, developmental defects. Etiology, pathogenesis, clinical picture, treatment. Crohn disease, diverticulosis, nonspecific ulcerative colitis. Intestinal fistula. Classification, treatment.

128. Diseases of the mammary gland. Benign tumors. Malignant tumor of the mammary gland. Etiology, pathogenesis. Clinical manifestations. Modern methods of the examination. Differential diagnosis. Methods of the treatment. Indications and contraindications of the surgical treatment. Complications and their prophylaxis. Medical prophylactical examination.

6. Criteria for evaluating learning outcomes

For credit:

Learning Outcomes	Evaluation criteria	
	Not credited	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were gross errors.	The level of knowledge in the amount corresponding to the training program. Minor errors may be made
Availability of skills	When solving standard problems, the basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills. Typical tasks are solved, all tasks are completed. Minor errors may be made.
Availability of skills (possession of experience)	When solving standard problems, basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills in solving standard problems. Minor errors may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no qualitative readiness to solve the assigned tasks	Learning activity and motivation are manifested, readiness to perform the assigned tasks is demonstrated.
Characteristics of the formation of competence	Competence is not fully formed. The available knowledge, skills and abilities are not enough to solve practical (professional) problems. Re-learning required	The formation of competence meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) problems.
Competence level	Low	Medium/High

Criteria for evaluating learning outcomes

For testing:

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

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

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

Less than 70% - (Unsatisfactory) - Grade "2"

For exam:

Learning Outcomes	Evaluation criteria	
	Not credited	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were gross errors.	The level of knowledge in the amount corresponding to the training program. Minor errors may be made

Availability of skills	When solving standard problems, the basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills. Typical tasks are solved, all tasks are completed. Minor errors may be made.
Availability of skills (possession of experience)	When solving standard problems, basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills in solving standard problems. Minor errors may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no qualitative readiness to solve the assigned tasks	Learning activity and motivation are manifested, readiness to perform the assigned tasks is demonstrated.
Characteristics of the formation of competence	Competence is not fully formed. The available knowledge, skills and abilities are not enough to solve practical (professional) problems. Re-learning required	The formation of competence meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) problems.
Competence level	Low	Medium/High

A complete set of assessment tools for the discipline "Hospital Surgery" is presented on the portal of the LMS of the Volga Research Medical University <https://sdo.pimunn.net/course/view.php?id=2865>

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